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ABSTRACT

This guidebook is for the use of leaders of programs developed to educate parents who wish to be the primary sexuality educators for their children. It consists of a number of curricula, some appropriate for parents of adolescents and others primarily for parents of young children. It includes outlines for class activities and discussions as well as references for further reading. Sections of the curriculum deal with: (1) exploration of parents' experience with sex education; (2) a child's cognitive, sexual, and moral development; (3) general sexuality-related information; (4) current or potential sexual issues at home; (5) values and moral attitudes; and (6) communication and problem solving skills. (JD)

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Final Report

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TEACHING PARENTS TO BE THE PRIMARY SEXUALITY EDUCATORS OF THEIR CHILDREN

Volume III

Curriculum Guide to Courses for Parents

For the:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
Center for Health Promotion and Education
Atlanta, Georgia 30333

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ACKNOWLEDGMENTS

The major goal of this project was to develop a model curriculum that anyone could use who wished to offer a program for parents anywhere in the United States. To do this, we designed some activities ourselves, but also adapted activities from the curricula which were already available and from a number of colleagues who had designed and implemented activities for their own use. Some activities are so widely used, we do not know their source. The following people and organizations provided materials or ideas: Education Development Center, CHOICE, Parent-Child Sex Education: A Training Module, Margaret Fjelstad, Debra Hafner, James Maddock, Planned Parenthood of Monterey, Planned Parenthood of Rochester and Monroe County, Planned Parenthood of Santa Cruz, Planned Parenthood of Seattle/King County, Planned Parenthood of Wisconsin, Parent Effectiveness Training (Gordon), Deborah Ruffman, and Values in Sexuality (Morrison and Price).

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INTRODUCTION

Parents in the United States believe they should be the primary sex educators of their own children. In their effort to become more effective in that role, many parents are now attending meetings, reading books and other materials, discussing the topic with professionals and other parents, and taking courses.

In this 29-month study funded by the Centers for Disease Control, we identified such programs for parents all over the country, learned from them what parents want and need to know to become effective sexuality educators, and reviewed the abundant resources now available. Finally, we developed model curricula -- this one for use with parents only, another for use with parents taking a course with their adolescent children (Volume IV). Experienced sex educators implemented the curricula with a wide range of parent groups and offered suggestions.

This volume, our revised edition of the model curricula for parents, is designed to be useful to educators with a wide range of teaching styles. It was designed to be used with a variety of parents -- parents from a whole range of socioeconomic, educational and religious backgrounds, parents with children from infancy through adolescence.

Approaches to Parent Education

The programs we reviewed reflected three different philosophies. The "traditional" sex education course focuses on teaching facts about physiology, anatomy, reproduction, contraception, and adolescent sexual behavior. Educators using this approach reason that because many parents themselves did not receive adequate sex education and consequently lack sexual information, they are simply unable to provide children with the necessary information, and may be embarrassed by questions that draw attention to their inadequacies. Recently, sex educators in this group have recognized that even when parents are well informed about physiology and anatomy, their attempts to convey sexual information may be ineffective because they do not understand their child's level of development. Such educators have expanded the traditional approach to include information about children's cognitive, moral, and psychosexual development.

A second approach to teaching parents to become effective sex educators of their children is to help parents explore what attitudes and values about sexuality they hold, and how they developed those attitudes and values. This approach assumes that if parents are confused or feel guilty about their own sexual thoughts and behavior, they cannot adequately teach the necessary information or convey healthy attitudes to their children; and, therefore, a parent sex education course for parents needs to provide an opportunity for parents both to explore their feelings and attitudes about sex in general, and to consider how to convey their values to their children.

A third approach helps parents build communication skills. Educators using this approach believe that the problem of parents not teaching their children about sexuality is only part of a broader problem of parents and children having

difficulty discussing any personal topic, particularly when parents and children seem to hold different values. A basic communication problem is compounded by the sensitivity of the topic of sexuality. Educators who use this third approach teach parents skills and provide opportunities to practice listening, expressing feelings, and initiating conversations.

From our observation of the programs we reviewed, and from the needs assessments parents and parent sex educators completed, we concluded that each of the three approaches was acknowledging an important need. We, therefore, attempted to integrate all three into one course: parents' need to become more knowledgeable both about sexuality and about normal development, their need to become clearer about their own attitudes and values, and their need to develop and strengthen their ability to communicate with their children.

To integrate the approaches, we have focused on communication skills throughout the course, while keeping the subject of sexuality -- whether attitudes or information -- uppermost. If we present information about children's psychosexual development, for example, we ask the facilitator to help parents consider how such knowledge might influence the way they choose to handle a sexuality-related situation at home. When parents are learning specific ways to listen, or addressing their choice of sexuality words, they are at the same time becoming more clear about their own values and attitudes toward sexual issues. They have opportunities, beginning in the first session, to address their own issues, concerns, confusions about sexuality, to consider how those arose and to reexamine them with new information, different points of view, and their own adult perspective.

Clearly, a short course could not supply all the facts parents need or will need in the process of raising their children. Therefore, the curriculum helps parents develop skills and identify avenues for getting information themselves.

Organization of the Curriculum

This curriculum consists of four 2-hour units and one 4-hour unit on the following topics:

- Exploring and understanding our own sexuality and sex education (2 hours)
- Sexuality through childhood (2 hours)
- Sexuality in the home (2 hours)
- Values exploration (2 hours)
- Communication skills (4 hours)

Each unit contains a variety of activities appropriate for parents of different ethnic origins, different political viewpoints, and different aged children.

Twelve hours is more time than is usually devoted to educating parents about the sex education of their children. Therefore, we designed this curriculum in such a way that a teacher who is offering a shorter or longer course, or a different sequence of topics, could still find useful activities and instructions. The curriculum units may be rearranged or combined.

Each unit contains goals and objectives; an overview of the activities in the unit; descriptions of the various activities; homework activities; and supplements, such as magazine articles and answer sheets to be used in the session.

Goals and Objectives

Each unit begins with a broad statement of purpose, its rationale and behavioral objectives. These initial descriptions can guide the facilitator in setting up the broad outlines of a particular course.

Overview of Contents

The overview is intended to assist teachers in developing lesson plans. It lists the topics and activities, the approximate time necessary for each activity, the type of activity (presentation, exercise or film), what materials are needed, and the age range of the children for whose parents the activity is intended.

Descriptions of Activities

For each activity, we describe in detail the purpose of the activity, what materials will be needed, approximately how much time the activity will take, how to conduct the activity, and points for discussion.

The activities include a range of teaching-learning techniques -- structured exercises, discussions, presentations and films. For some activities we recommend working in pairs; for others, in larger groups. These instructions are not meant to be rigid. We hope teachers will modify exercises and adapt the presentations to meet their own style as well as parents' needs. Some teachers, for example, prefer to substitute open discussion where we have designated an exercise, presentation or film.

Supplements

Each activity mentions which handouts or worksheets will be used for that activity. Since they will need to be copied to distribute to small groups or to individuals, they are contained in a separate "supplement" section.

Homework

Some activities, in our opinion, are best done at home. Some of these homework assignments ask for the child's involvement, both to help parents practice what they are learning in class, and to facilitate parent/child interaction. Many of the in-class exercises could also be adapted for homework, and thus expand what you can cover in your course.

Appendices

Appendix A contains an annotated list of educational films. Appendix B lists professional resources for teachers -- training opportunities and books for professional growth. Appendix C lists ordering information for publishers and film distributors.

Implementing the Curriculum

This curriculum is designed so that it can be adapted to meet the needs of particular groups and particular situations. It can be used as a basis for teaching programs of varying lengths. Regardless of the amount of time that you have, make an outline of your major goals and objectives. Then select activities which fulfill your objectives.

Although the units are presented in a specific order, they can be easily rearranged. If you prefer to follow a different sequence, however, make sure your sequence is logical. For example, participants need exposure to communication skills in order to understand the dynamics of problem solving. It would not be appropriate to teach problem solving first. We do recommend that you not skip over Unit I, as it is essential preparation for the rest of the curriculum. Parents usually need this initial time to focus on their own feelings before they can focus on children's.

1. Be sure to plan enough time for a meaningful introduction and overview of the program at the beginning of the course. Especially if you don't know the parents well, and if they don't know each other well, it is important to begin to develop a relationship with them and to establish a trusting, nonjudgmental atmosphere.

2. Select activities which you and the parents will be comfortable doing.

3. Before each class session, review the specific learning objective(s) that you have chosen and the corresponding learning activity(ies). If you have chosen more than one activity, carefully consider how appropriate they are in combination and in what order to use them. You might want to select alternative activities in case a particular activity is not working or takes less time than you planned.

4. After you organize a session, look it over. Make sure that each activity has an appropriate introduction, that it flows into the next, and that each session ends with a summary of the major points covered. If you want more help with how to introduce a session or an activity, or how to move smoothly from one into the next, turn back to the rationale on the first page of the unit.

5. Pay close attention to the estimated amount of time to complete each learning activity. At the end of each session, provide closure for the session and incentive to return. We recommend ending a session on either a thought provoking or a positive note.

6. Introduce only as much information as can be adequately discussed.

7. When you cannot discern how parents are feeling about a particular topic or exercise, pass out index cards and ask parents for feedback. Review the index cards before proceeding.

8. At the end of the course, plan ample time for a summary and closure. Provide information about resources, referrals, and other opportunities for parents to continue to develop as the primary sex educators of their children.

Selecting the Style of the Course

In planning your course, decide what content and process to include according to the expressed needs and style of the parents.

Passive vs. active: Choose sets of activities and employ teaching techniques which fit the learning style of the parents. Some groups are more reserved than others. If a teacher asks a group of reserved parents to participate in an activity which requires them to move around the room or lead discussions, they may feel threatened, embarrassed and/or resistant. Their discomfort will inhibit learning. Conversely, other parents find the inactivity of formal presentations and general discussions boring, and want more challenging activities and interaction with their peers.

Conservative vs. liberal: When selecting course topics and types of activities, be sensitive to the values of the parents. Groups of parents vary, even within the same community, in their tolerance for exploring different topics. For example, abortion may be a topic some parents feel is beyond discussion. Introducing such a topic early in the life of the course, if at all, may be disastrous. A teacher should be sensitive to the orientation of the group.

The conservative vs. liberal criterion also applies to types of activities. Some parents object to role playing and values exploration exercises. Try to gauge such sensitivities in your own situation and to respect them in the way you design and implement your program.

Basic vs. complex knowledge: Different parents have different needs for information. Some parents will prefer straightforward, basic information on anatomy and physiology. Others may prefer a more conceptually challenging presentation. You should ascertain, early in the course, what level of information presentation is best suited for a particular group.

The curriculum is designed with these criteria in mind. However, each teacher using this curriculum may need to adapt some of the exercises, or develop new ones, depending on the needs of the group and his/her own style.

Course Atmosphere

The atmosphere of the course should be as relaxed and open as possible. The following points, if made repeatedly throughout the course, will help set this tone:

Parents do not need to know all the facts. Looking up answers in a book not only provides parents and children with the requested information, but also teaches both to use books as a resource.

Parents do not need to feel completely comfortable with sexual questions or discussions. They might feel reassured to know that any parent can be embarrassed by a child's question. As parents become more available for discussions about sex, they may find themselves disconcerted at first. However, with time and practice,

both parents and children will become accustomed to discussing sexuality in the home.

It is never too soon for parents to begin discussing male and female anatomy and reproduction with their children. Children are naturally curious about these topics and need honest answers. They will absorb what they are capable of absorbing. Because children do not always remember or fully understand what they are first told, parents may have to repeat their answers several times.

Generally, parents do not need to worry about giving too much basic information. There is no empirical evidence that parent/child discussions about sexuality in general lead to harm. Harm is more likely through nonverbal communication or parents' inappropriate behavior. However, parents need to use discretion in choosing issues to discuss with their children. For example, details about topics such as violent sex are inappropriate.

Parents should not wait for their children to ask questions. Some children are too shy to ask; others feel they have the answers even though their information is incorrect.

Parents are not totally responsible for their children's behavior. If the child does something inappropriate, it is not necessarily the result of their relationship with their parents. By the same token, parents cannot expect their children to think and behave exactly as they would want them to.

Parents need to understand that contradictions in their own values are normal. They may accept behavior such as premarital sexuality for others, but find it unacceptable for their own children. It is important for parents to share such ambivalence with their older children.

Teaching Techniques

Many educators rely heavily on formal presentations as a teaching technique, although there are many other vehicles for teaching about child development and family sex education. You may want to experiment with a few new techniques in order to expand your teaching repertoire. We particularly recommend the following teaching techniques: large group discussions, small group discussions, films, role playing, and structured activities. Some activities provide more opportunity for parents to discuss attitudes and beliefs than do others. In our experience, participants are more enthusiastic if they can explore issues through a variety of classroom formats.

Discussion

Through discussion, participants can share facts and ideas. They can also become more clear about their own feelings and values and those of their peers. Discussion can be facilitated in large or small groups. For large groups -- no more than 25 parents -- the teacher can choose a few stimulating questions to spark discussion. In small group discussions, more parents have an opportunity to participate. Shy parents are more likely to speak up when there are fewer people to listen and fewer people to compete with. Groups can also generate ideas and creatively explore issues or attempt to solve problems.

To begin, present a problem or question to the class. Ask parents to think of all possible answers to the question or solutions to the problem. Don't censor their suggestions; welcome all ideas. Then, evaluate the ideas together to identify the most realistic or useful ones.

Films

Films can provide factual information and demonstrate parent/child relations in an entertaining manner. They also trigger stimulating conversations. If the course is offered in 3-hour or longer segments, films can provide a good break in routine.

In preparing to show films, carefully preview the ones that interest you, and then select those that are most appropriate for your group. Pay attention not only to the film's content but also to its setting (suburban or inner city), type of language used, quality of acting, style of clothing, and the racial composition of the cast. A film which features extremely articulate, white urban parents might be poorly received by rural, working class parents. Films that are clearly outdated or poorly acted will be more of a distraction and frustration than a learning tool.

When selecting a film, ask yourself the following questions:

1) What are the objectives of the session? Does the film help accomplish them?

2) Is the film consistent with the values of the hosting organization?

3) Does the film contain accurate current information?

4) Is the film up-to-date in information, language, style of dress, etc.?

5) Are the characters and situations realistic enough for parents to identify with them?

6) For parents of what age children is the film suited?

Keep in mind that there are no perfect films. A film which is entertaining, relevant to your objectives, and a good stimulant to discussion, may be useful even if it has a few minor flaws.

Role Playing

In role playing, participants assume the role of another person and perform this role in front of others. The goals of role playing are to allow the parent to experience the feelings of other people and thus become more empathetic, and to try out new behaviors such as strategies for communicating effectively.

Some parents strongly object to role playing. You may wish to avoid conflict by asking parents to express opinions on 3x5 cards. If you choose role playing, use it cautiously, keeping in mind the considerations we describe above. Only volunteers should be recruited. Many people find it easier to participate in role playing in small groups; using small groups also gives more participants a chance to play a role.

Structured Activities

Other types of experiential activities -- values votinge, attitude rankings, advantages/disadvantages analyses, case studies, stories, and dilemmas -- encourage participants in small groups to become more clear about their own attitudes and feelings, to share these ideas with peers, and to consider how attitudes and feelings affect behavior. We have included many examples of such activities in the curriculum.

Select a structured activity because it will achieve the goals and objectives of the session, not just because the parents will have fun doing it. Give clear instructions before the activity begins. The discussion during and after an activity is most important because it clarifies what might be learned as a result of the activity.

Some of these activities call for reading and/or writing. If parents in the class have poor reading and writing skills, adapt the activities. For example, you can ask parents for verbal answers, or to vote thumbs-up or thumbs-down in response to your questions. If the course is offered to groups such as Hispanic parents new to the United States, you may want to read the material aloud.

Evaluation of Learning and Teaching

To learn what correct and incorrect information parents already have, and to provide some direction for the goals of the course, we recommend administering a brief knowledge test to participants at the beginning of the course. The test should reflect material you are prepared to cover in the course. If you share the results of the test with the class, parents will undoubtedly realize that they have a great deal to learn on a wide range of topics. To measure how much correct information parents have learned in the course, administer the same knowledge test, or relevant parts of it, at the end of the course.

Evaluation questionnaires to assess how much parents' knowledge, attitudes, and skills have changed during a course; course evaluation questionnaires to be completed by parents; and questionnaires on knowledge and communication skills for the parents' older children are all provided in Volume II, Guide to Designing and Implementing Multisession Courses and can give valuable feedback to teachers about specific ways to improve the course.

Advice to Teachers

Both parents and teacher are uncomfortable when the teacher has had inadequate training. If you have had little training in human sexuality or if yours is no longer current, we would encourage you to seek additional professional growth experience. A parent sexuality educator:

- should be well informed about sexual topics.
- should spend a significant amount of time exploring her/his own attitudes about a variety of sexual issues.

- should have good communication skills, strong group facilitation skills, and be comfortable using a variety of teaching techniques in the classroom.

- should have training or experience working with parents.

- should be familiar with the needs and sensitivities of parents with children of different ages.

- should have experience with children (as parent, older sibling, aunt/uncle, teacher, etc.)

- should be familiar with the wealth of resources potentially available to parents.

- should be able to facilitate a course based on the parents' values, rather than on her/his own values.

Community support for your program is essential. Use every opportunity to build that support for your program. When parents compliment you for the work that you are doing, ask them to submit a written letter to their congressional representative or the sponsoring organization, or both.

Further Use of This Report

In this introduction we have highlighted important features of using the curriculum: we have described our rationale and how we have organized the curriculum; we have recommended important considerations for selecting the style of the course; and we have offered practical suggestions for implementing it. These recommendations are expanded in Volume II: Guide to Designing and Implementing Multisession Courses. In addition, that volume integrates our practical suggestions for:

- Developing community support,
- Selecting a sponsor,
- Choosing and training teachers,
- Recruiting participants,
- Maintaining attendance,
- Evaluating the impact of the course,
- Addressing the participants' special needs based on the ages of their children or ethnic background, and
- Planning alternatives when multisession courses are not feasible.

Volume II, then, is a companion user's guide to this curriculum.

To learn of and possibly contact others who have offered courses to help parents in their role as sexuality educators of their children, see Volume V of this report, the National Catalog of Programs-1981. It describes 90 programs from all over the country and provides the names of contact people.

Unit I

EXPLORING AND UNDERSTANDING OUR OWN SEXUALITY

OVERALL GOAL:

To introduce parents to the course and establish a group atmosphere in which parents can be comfortable learning about sexuality. To help them understand the broad meaning of sexuality and some of their own sexual attitudes.

RATIONALE:

Most of us carry a number of unexamined beliefs, attitudes, and values from childhood into adulthood. We continue to base adult decisions on our childhood understandings of what we experienced and what others taught us, without taking time to identify those assumptions and to examine them in light of new information. Parents find that reviewing their own sex education and their feelings about it helps them become more accepting of their own difficulties in this area, and more accepting of their children's feelings.

Our society, however, has taught us it isn't polite to talk about sexuality -- for example, to speak explicitly about the sexual parts of our bodies. Parents who feel awkward or embarrassed talking to their children about sexuality will undoubtedly feel awkward or embarrassed talking about it with the other adults, who may be strangers, in a parent education course.

This unit helps parents begin (1) to gain comfort talking about sexuality with others, (2) to discover their own assumptions, (3) to reexamine them, and (4) to hear and consider different points of view.

BEHAVIORAL OBJECTIVES:

1. To discuss the goals and expectations for this course. (Activities I.1-3 and 8)

2. To establish trust and rapport among participants. (Activities I.2-6)

3. To define sexuality broadly. (Activity I.7)

4. To remember and discuss how participants learned about sexuality. (Activities I.9, 11-14, and 16-17)

5. To explore participants' attitudes and feelings about sexuality; to begin to consider what they would like to teach their children. (Activities I.9-15)

6. To consider how participants' values are similar to or different from the values of other Americans. (Activities I.10 and 15-16)

UNIT I OVERVIEW

Name of Activity	Estimated Minutes	Type of Activity	Materials Required	Age of Children	Page No.
1 Introduction to Course	10	Presentation	Course Outline	3-18	12
2 Interview	15-20	Exercise	Newsprint, Supplement 1	3-18	14
3 Expectations	15-20	Exercise	Paper	3-18	15
4 Similarities vs. Differences	20	Exercise	None	12-18	16
5 Find Someone Who	20	Exercise	Supplement 2	3-18	17
6 ID Cards	15-20	Exercise	3x5 Cards	3-18	18
7 Sex vs. Sexuality	15	Exercise	Blackboard or Newsprint	3-11& 12-18	19
8 Framework for Communication in Sexuality	10	Presentation	Newsprint	3-18	20
9 Journey	30-50	Exercise	None	3-11	22
10 Ranking Feelings	20	Exercise	Supplement 3	12-18	25
11 Early Memories	20-35	Exercise	Supplement 4	3-11	26
12 My Parents Told Me	20	Exercise	Supplement 5	3-18	27
13 Puberty	20	Exercise	3x5 Cards	11-15	28
14 Fantasy	15-20	Exercise	None	3-11	29
15 Questionnaire on Opinions of Sexuality	15-20	Exercise	Supplement 6	3-18	30
16 Discussion Questions	20-40	Discussion	None	3-18	31
17 Homework: Lifetime Influences	25	Exercise	Handout	3-18	32

INTRODUCTION TO COURSE (I.1)

Purpose:

To introduce yourself as teacher or facilitator. To introduce the course format and the ground rules.

Time: 10 minutes

Materials: Copies of your course outline

Procedure:

Leader

1. Set the tone for the session (e.g., give a personal anecdote about your own sex education).

2. Give a brief description of who you are (your background in human sexuality training) and why you are teaching parents.

3. Allow parents to ask questions about you. If parents have difficulty starting, give them an example or two.

Program

1. Explain the general purpose and goals of the course:

   - To help parents obtain the knowledge and communication skills necessary to be effective sex educators of their children.

   - To help parents explore and articulate their own attitudes and values about sexuality.

2. Distribute an outline of course contents. This outline could include the purpose and goals of the course in general, topics to be covered, starting and ending times, breaks, and inclusion of any outside resource persons. This is highly recommended. An outline provides parents with information about what to expect and not to expect and gives the message that the course is organized and well thought through.

3. If you are going to evaluate the program, explain the purpose and process in detail. Ask for parents' questions.

4. Emphasize the importance of each individual's participation in all sessions. Some teachers have encouraged taping a session for any absent participants. Continuity is extremely important for the success of a course.

5. If appropriate, discuss your availability for conferences before and after class. Some parents take courses with specific problems in mind; they may need your support or an outside referral.

Program "Rules"

1. Make a group decision about smoking, or if you feel strongly about it, simply establish a no-smoking rule.

2. Express the benefits of full participation by parents, but give permission for parents not to share or participate in an activity.

3. Encourage parents to share class time so that everyone will have an opportunity to participate in discussions. Point out that it is the group's responsibility to avoid domination by one participant.

4. Establish that there will be no spectators. Parents will gain more from the course if there is an atmosphere of cohesiveness and trust.

5. Explain the need for confidentiality.

6. Establish individuals' responsibility for what they talk about. Participants will need to decide what is appropriate to disclose about themselves and about family experiences.

7. Establish any other rules you or the group deem necessary.

Transition

Summarize the program for this session. Explain the flow from discussion to exercise to discussion.

INTERVIEW (I.2)

Purpose:

Warmup activity to give participants the opportunity to develop a relationship with at least two other people in the program, to learn more about each other, and to express expectations for the course.

Materials:

Newsprint, magic markers, and "Interview Questions" (Supplement 1).

Time: 15-20 minutes

Procedure:

Distribute "Interview Questions." Have participants form groups of three strangers. If parents already know one another, encourage them to pick partners other than their spouses or close friends.

Participant 1 interviews participant 2, who interviews participant 3, who interviews participant 1. Tell parents they can "pass" on any question. Ask the groups to write their answers to the "expectations" questions (questions 8 and 9) on newsprint and tape them on the wall. Give participants a few minutes to chat and to read the other groups' expectations.

Discussion Points:

1. Identify the similarities in group expectations.

2. Tell parents which topics you won't be able to cover.

3. Encourage parents to share their expectations with family members who are not taking the class.

EXPECTATIONS (I.3)

Purpose:

Warmup activity to give participants an opportunity to develop a relationship with one other person in the program, to learn more about each other, and to express expectations for the course, anonymously, to the facilitator.

Materials: Paper and pencils for each participant

Time: 15-20 minutes

Procedure:

Slowly read the following questions, allowing time for participants to quickly jot down responses. Mention that papers will be collected after the exercise. Suggest that the responses be anonymous.

a) How did you hear about this course?

b) If you have children, do they know you are taking this course?

c) If you share parenting with any other person, how does he/she feel about this course?

d) What are your expectations for the course?

e) Name two things you hope to get out of this course.

f) What would be the worst thing that could happen to you in this course?

Have participants find partners to talk about the questions. After a few minutes, bring the group together and invite them to share comments. Collect the unsigned papers and keep them until the end of the program.

Alternative Procedure:

This activity should be done with all groups. If you have limited time, simply ask the group what expectations they have for the course and write these down on newsprint. Be sure to retain this list until the end of the program.

Discussion Points:

1. Explain that discomfort in talking about sexuality is common in our society.

2. Point out that there are some things the course cannot accomplish. Because this is an educational course of short duration, it cannot substitute for therapy or solve personal or family problems.

SIMILARITIES VS. DIFFERENCES (I.4)

Purpose:

Warmup activity to help participants get acquainted and discover similarities and differences within the group. To build enthusiasm for discussing personal attitudes and issues related to sexuality.

Materials: None

Time: 20 minutes

Procedure:

Explain that you would like to begin the session with an exercise that will explore similarities and differences in the group. Tell the parents that you will give them a series of choices. They should go to one side of the room if they select the first choice, and to the opposite side if they select the second choice. For each question, instruct them to spend a few minutes discussing how their feelings are similar to the others in their group. Then ask representatives from each group to explain why they made their choices. Remind parents that no choice is "right" or "wrong."

Would you rather be
- a man?
- a woman?

Would you rather be dealing with the sexual issues of
- an adolescent boy?
- an adolescent girl?

Would you rather your child be
- extremely popular and constantly dating?
- not very popular and constantly at home?

Would you prefer
- many questions from your child about sex?
- few questions from your child about sex?

Discussion Points:

1. How did you feel during this exercise?
2. Did you feel any pressure to go to the place where you thought most others would go?
3. What did you do about it?
4. Did you learn anything about your fellow group members?
5. What did you learn from this activity?

FIND SOMEONE WHO (I.5)

Purpose:

Warmup activity to help parents get acquainted by encouraging interaction between participants. To help parents discover similarities and differences within the group. To help the facilitator and participants identify how comfortable participants are sharing information about themselves.

Materials: "Find Someone Who" (Supplement 2)

Time: 20 minutes

Procedure:

Give Supplement 2 and pencils to participants. Ask them to move around the group, to find someone to autograph their sheet who, for example, "has a younger brother." This process should continue until each person has found someone to autograph all 12 questions.

Then bring the group together and pose each question for a group response: "How many of you have a younger brother? Raise your hand." This identifies similarities and gives closure to the exercise.

Discussion Points:

1. How many different signatures did you obtain?
2. Were there any items that were hard to ask about?
3. Which items did you skip? What made you skip them?
4. Were you unable to obtain signatures for any items?
5. How many people were able to sign number 5 -- "Learned a lot of sexual information from parents"?
6. How many people could answer the knowledge questions?

ID CARDS (I.6)

Purpose:

Warmup activity to help parents meet each other and become more comfortable discussing sexual issues.

Materials: 3x5 cards, pencils, pins

Time: 15-20 minutes

Procedure:

Distribute 3x5 index cards. Instruct participants to make name tags which answer each of the following questions (these instructions can be altered, depending on the group of parents):

Center: Name you want to be called

Top left corner: Age you'd like to be

Top right corner: The name of a book or movie that depicted your image of a positive romantic relationship

Bottom left corner: The person who taught you the most about sexuality

Bottom right corner: The name of a book or a movie that portrays your sex (man or woman) in a positive manner

Ask participants to mill around and share the information on their name tags with the others in the group, spending one or two minutes with each person. Reconvene the large group.

Discussion Points:

1. How did you feel answering those questions?
2. What were you uncomfortable answering?
3. What were you comfortable answering?
4. How did you feel seeing others' name tags?

SEX VS. SEXUALITY (I.7)

Purpose:

To help parents begin talking about sex. To define the words sex and sexuality and to encourage participants to incorporate a broad definition of sexuality.

Materials: Blackboard and chalk or large newsprint and magic markers

Time: 15 minutes

Procedure:

Write sex and sexuality on the blackboard or newsprint. Suggest that a logical place to begin the session is to take a good look at just what all of us are thinking about when we use the words "sex" and "sexuality." Ask participants to call out any thoughts that seem to fit for sex, for sexuality. Provide additional thoughts, if necessary, when lists are completed. Watch for the word "love." If it does not appear by the end of the exercise, discuss this.

Discussion Points:

1. Discuss the importance of feelings about being a boy/girl, man/woman.

2. Many people think of intercourse and reproduction when they hear the word sex. Sexuality is actually not restricted to genital adult sexual activity, but an integral component of the entire personality.

3. Offer a broad definition of sexuality which includes gender role, social role, feelings and relationships. For example: "Human sexuality is a function of the total personality which begins at birth and ends at death. It includes genital or reproductive processes. It also includes (1) how one feels about him/herself as a person; (2) how one feels about being a woman or a man; (3) how one relates to members of the same sex and the opposite sex." This broad definition of sexuality and relationships forms the basis of the course.

4. Point out that what falls under these two words is given to us by our culture, by our religion, and by our family and friends. We can create our own meanings for these words, but need to be aware of what meanings they have for others around us, including our children.

FRAMEWORK FOR COMMUNICATION IN SEXUALITY (I.8)

Purpose:

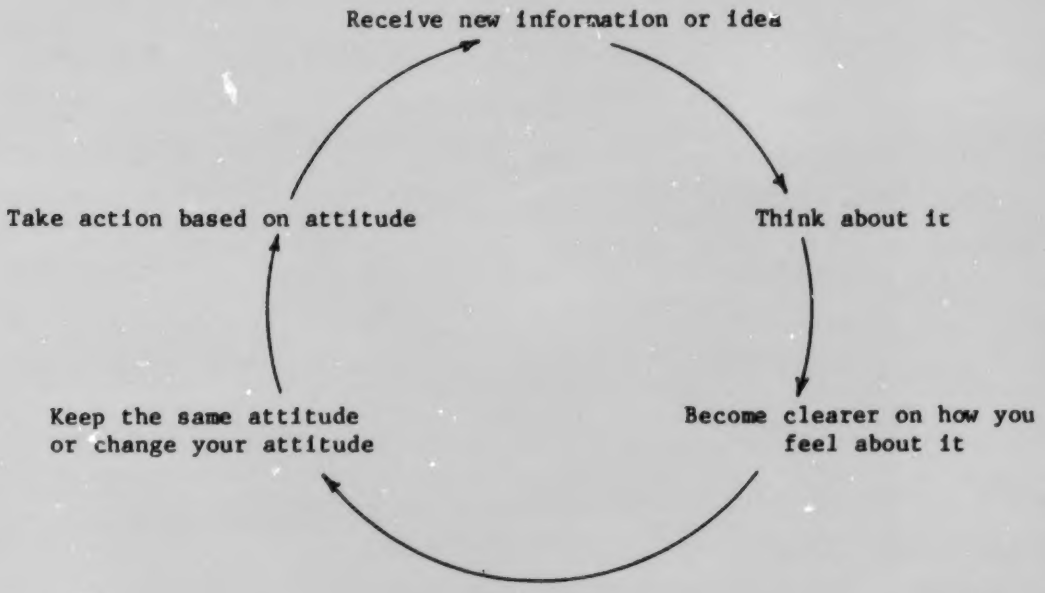
To alert parents to the need to remain open to new information and to different points of view.

Materials: Newsprint and magic markers

Time: 5-10 minutes

Procedure:

Draw the diagram shown below in large letters on the newsprint. (Source: E.G. Morrison and M.U. Price, Values in Sexuality. See Appendix B.) Present the following information to the group: This is a framework that we will follow for the next __ weeks (or __ hours). You will be exposed to much new information and ideas from me and other parents during this program. Often when we hear something that we think we disagree with, we stop listening -- a red flag goes up. I am asking you to listen to and consider all information that you are exposed to. Think about it carefully and then decide to what degree you accept or reject it.


Receive new information or idea
Think about it
Become clearer on how you feel about it
Keep the same attitude or change your attitude
Take action based on attitude

Example for parents of 3-11 year olds:

You find out that your child is masturbating. Although your first reaction is to stop your child from doing this, you decide to research the topic. From several recommended books, you discover that masturbation causes no physical harm and that many experts in the field of psychology consider it normal behavior. You think about this new information and become clearer on how you feel about this sexual behavior. Maybe you change your attitude and decide that it is OK for your child to masturbate, as long as he/she does so in private, and you communicate this standard to your child. Or you may decide that regardless of the lack of physical consequences you still believe that the behavior is morally wrong. In this instance, your attitude and behavior toward your child remain basically unchanged. During this course I will frequently return to this framework to encourage participants to remain open to new information.

Example for parents of 12-18 year olds:

You and your 16 year old daughter have been getting along well. You respect the way she is handling her school work and part time job. One day, you learn that she is sexually active. Your first reaction is dismay. You feel she's too young and may get hurt. You decide to talk about it with her, with her school counselor and with other parents, and to read some material your church has written. You may decide that the important thing to you is that she is in a caring relationship and that she is acting responsibly to prevent pregnancy. You decide to accept her decision and communicate your openness to talk about any questions or concerns if she wishes. Or you may stay firm in your belief that 16 years old is too young and tell her you would like her to wait longer.

Discussion Points:

1. Ask the participants if they have any questions about this framework.

2. Emphasize that this course will focus on presenting "new information," setting aside time to "think about this information," and arranging activities that will help parents become "clearer about how they feel about various sexual activities." As a result, parents will be able to communicate more effectively with their children about sexuality.

Transition:

The next step is to start exploring our own attitudes toward sexuality. In general, there are three ways we pick up attitudes about sex: (1) through information and media sources such as movies, books and magazines; (2) through attitudes toward sexuality expressed consciously and unconsciously by important people in our lives, especially parents; (3) through observing how the important adults in our lives act when married, in love, "on the make," etc.

JOURNEY (I.9)

Purpose:

To allow parents to remember and share their own experiences, to hear about the experiences of other parents, and to decide if and how they want their child's experiences to differ from their own.

Materials: None

Time: 30-50 minutes

Planning Note:

This exercise requires participants to be open and flexible; it may be too threatening for some parents. With any group, exclude any questions which seem inappropriate; substitute or add questions or sentences which seem especially appropriate for your group.

Procedure:

Slowly read the following, using a calm, soothing tone. Stop briefly after each section to give parents a few seconds to reflect. (You may want to turn down the lights.)

"Everyone please sit back comfortably and close your eyes. I want to help you take a journey into your past to explore some of the early messages you received about sexuality. I would like you to consider what your early years were like and how those years influenced your present feelings, especially those that affect your relationship with your own children.

"I will read some questions. Use these questions as suggestions of issues to reflect upon. However, only use questions with which you are comfortable. You may want to let some questions slip by as you focus on one particular question.

"How do you think your parents felt about your birth? Were they happy about your being a girl? Being a boy? (pause)

"Can you remember your parents touching you as a child? How often did they touch you? Do they still touch you? Did they caress, tickle or wrestle with you? When did they stop? (pause)

"What names were you taught for different parts of your body such as your vulva, vagina or breasts, penis or testicles? Do you remember touching and exploring your own body when you were young? Did anyone find you touching yourself? Were you punished? How did you feel? (pause)

"Did you ever play touching games with other kids? Did you play openly or secretly? Why? (pause)

"Were your parents physically affectionate with each other? What did they do in your presence? Did they ever talk about their relationship in your presence? Did

they use sexual words in front of you? Did you sense that your parents were comfortable talking about sex? (pause)

"When did your parents first speak directly to you about sex? What did they tell you? Did you ask questions? Did they ever sit you down for a formal talk? (pause)

"When did you first learn about conception? Who told you? When did it first occur to you that your parents had sex together? What tipped you off? (pause)

"Did your mother or father ever whisper about a cousin, aunt, or neighbor who had gotten herself pregnant? What did you think? (pause)

"Who told you about menstruation and wet dreams? What were you told? How did you feel about it? How did you feel when you got your first period or had your first wet dream? Who did you tell? (pause)

"How did you feel about your body changing? How did you feel about your hips and breasts getting larger, but possibly too large or not large enough, or your penis getting longer, but maybe not long enough for you? (pause)

"When do you remember first wanting to have a boyfriend or girlfriend? What did that mean for you? How far sexually would you go on dates? How did you decide? (pause)

"Could you talk with friends about sexual feelings? Did you talk honestly or did you have to boast or pretend innocence? (pause)

"When did you first realize that boys are told different things about sex and proper sexual behavior than girls? What were the differences and how did you feel about them? (pause)

"What sex words sound dirty or vulgar to you? Are you now comfortable with words you once thought were dirty? Are you more or less comfortable with scientific names or is your own vocabulary a mix of scientific and slang words? (pause)

"How are you influenced today by your early messages about sexuality? Have times changed since you were growing up? If yes, in what ways? How do you feel when you see suggestions of sex on T.V., in magazines, in advertising? (pause)

"What is your reaction to couples showing affection in public? What if they are of different races? What if they are 12-14 year olds? What if they are of the same sex?"

After the reading, allow some silence, then have parents form dyads or small groups to share their memories. Remind parents that they should share only what they are comfortable sharing. Do not intrude upon their private conversations. When it appears that the groups have generated a lot of ideas, bring them together again. Provide time for parents to discuss their experiences with the exercise and examples that occurred to them.

Discussion Points:

1. What kinds of memories came up in your small group?

2. What feelings did the memories elicit?

3. In what ways are your own children similar to you as a child? How are they different?

4. How do your early experiences affect your approach to sexuality with your children?

5. What was the basic message that your parents gave you about sexuality?

6. Remind parents that many early sexual feelings and experiences are universal. Hopefully it was meaningful to have shared with other parents these embarrassing, confusing, funny, or even sad early experiences. Many of our attitudes have been influenced by early experiences that were not of our own making. Now is the time to assess which of those attitudes we intend to keep and which we want to change.

RANKING FEELINGS (I.10)

Purpose: To help parents identify what values they hold most strongly.

Materials: "Ranking Your Feelings" (Supplement 3)

Time: 20 minutes

Procedure:

Distribute the Supplement. Ask parents to rank their feelings for each item, with 1 being their first choice, 2 their second choice and 3 their third choice. Let parents complete this on their own.

Discussion Points:

1. Were some items more difficult than others? Which ones?
2. Were you surprised with any of your answers? Which ones?
3. Do you think your partner would answer the same way? What would be different?

EARLY MEMORIES (I.11)

Purpose:

To help parents explore the origins of their sexual feelings and values.

Materials: "Early Memories" (Supplement 4)

Time: 20-35 minutes

Procedure:

Ask parents to choose partners. Provide each parent with a supplement. Ask them to complete the questions on their own, and when they are finished, to discuss any item that they wish with their partner. For some parents, these exercises can be an emotional experience. Be available to support any who might need it. (Source: Mary Wegmann)

Discussion Points:

1. Do you want your children's experience to be similar to or different from yours?

2. Do you think it was easier or harder to be a young child in your day? How?

MY PARENTS TOLD ME (I.12)

Purpose:

To help participants review what they learned about sexuality from their own parents.

Materials: "My Parents Told Me" (Supplement 5)

Time: 20 minutes

Procedure:

Distribute "My Parents Told Me" and have parents fill it out independently (or give it as an exercise to do at home). Encourage parents to take an extra copy home for their children to complete.

Discussion Points:

1. How many items did you leave blank? Why?

2. How are your attitudes similar to your parents? How are they different?

3. What do you want to tell your children about each of these topics?

PUBERTY (I.13)

Purpose:

To help participants remember their own adolescence. To increase their awareness of adolescents' need to discuss sexual issues with family and friends.

Materials: Pencils and 3x5 cards for everyone

Time: 20 minutes

Procedure:

Give each participant two 3x5 cards. If your group is relatively balanced with several males and several females, have them indicate their sex by putting either "M" or "F" at the top of the cards. Then have participants write on one card:

"The easiest thing for me to adjust to in puberty was...."

Have them write on the other card:

"The hardest thing for me to adjust to in puberty was...."

Collect the cards and, if appropriate, divide into men's and women's responses. Read the responses to the group for comments and reactions.

Discussion Points:

1. What memories did this exercise generate in you? How do you feel about your own adolescence?
2. Do you think puberty is any easier or harder for children today? How or why?
3. What would have helped you through the rough spots in puberty? What can you do to help your sons and daughters?

FANTASY (I.14)

Purpose:

To help participants compare the messages they received from their parents about sex with the messages they now give their own children.

Materials: None

Time: 15-20 minutes

Procedure:

Describe the following situation to the participants. Expand on the story as needed to facilitate a relaxed atmosphere. Modify the story so that it reflects the environment of the participants. Read slowly.

> Close your eyes, relax and think back to your childhood. Picture yourself at 4 or 5 years of age. You are walking down the street with either your mother or father. The sun is shining. It's a lovely, warm day. Everything is wonderful and you are happy to be with your parent, skipping down the street. You pass a teenage couple "necking" on a park bench. "What are they doing?" you ask. Imagine your parent's response. How does he or she react? What does he or she say? Share this with the person next to you.
>
> Now go back to the same street, but 20 or 30 years have gone by. It is a lovely day. You are walking down the street. This time you are the parent, walking with your 4 or 5 year old child. You come across a teenage couple necking on a park bench and your child says, "What are they doing?" What is your first reaction? What do you say? Is there anything you want to say that you don't say?

Discussion Points:

1. How did your response compare to your parent's? What accounts for the differences or similarities?

2. How would you assess the explanation you gave to your child? Are you satisfied with your response?

QUESTIONNAIRE ON OPINIONS OF SEXUALITY (I.15)

Purpose:

To help parents explore their attitudes about adult sexuality and how their attitudes compare to their partners' attitudes.

Materials: "Questionnaire on Adult Sexuality" (Supplement 6)

Time: 15-20 minutes

Procedure:

Give parents the questionnaire as homework and ask them to respond with their personal answers, then to complete the questionnaire as they think their partner would. Partners should do this separately, then compare their answers. Discussion can take place at the beginning of the next session. If parents don't have partners, delete the column of Supplement 1 entitled "Your Partner's Probable Response."

Discussion Points:

1. Which questions aroused particularly strong feelings in you? In your partner?

2. Where did you misjudge your partner's true feelings?

3. Where do your feelings and your partner's differ significantly?

4. Which attitudes would you like to change (either for yourself or for your partner)?

DISCUSSION QUESTIONS (I.16)

Purpose:

To help parents understand how they learned about sex and how their values compare with current attitudes about sexuality in our society.

Materials: None

Time: 20-40 minutes

Procedure:

Pose some of the questions listed below. Add any questions that may be particularly relevant to your group. Try to help parents discuss their own feelings, experiences and values. However, be careful that the discussion does not become too revealing and threatening.

Discussion Points:

1. Where did you receive your sex education? What was it like?
2. How many of you discussed sex with your parents or parent? What happened? How did you feel?
3. Who else taught you about sex?
4. What questions and worries did you have as an adolescent? Who answered them for you?
5. Were you prepared for the physical changes of growing up? How did you feel when those changes began to occur?
6. What are the different sexual values conveyed in the media?
7. Were they different when you were growing up? How?
8. How would you describe the current sexual atmosphere in this country? Is sex too free? Exploited?

HOMEWORK: LIFETIME INFLUENCES (I.17)

It can be helpful to understand where we get our values and attitudes. Have each member of your family complete the list.

Listed below are some people and experiences that might have influenced your ideas and values about sex. Place a zero next to those people and experiences that have had no influence or that do not apply. Then, rank the remaining items with "1" indicating the greatest influence, "2" the next most important influence, and so on.

_____ your father
_____ your mother
_____ your step parent
_____ your grandparent(s)
_____ your brother(s)/sister(s)
_____ your aunt or uncle
_____ a teacher
_____ your boy/girlfriend
_____ your teenage friend(s)
_____ your adult friend(s)

_____ your religion
_____ educational reading (e.g., text book)
_____ entertaining reading
_____ movies
_____ TV
_____ records
_____ an experience
_____ other (explain)

1. Explain how these influences might affect your values today: _____

_____

2. How do you feel about these values? _____

_____

3. Do you want to reevaluate any of these values and possibly change some of them? Why?

_____

_____

(Adapted from Abbey Harris, N. and K.R. Todd, Saying Goodbye to the Birds and the Bees.)

Supplement 1

INTERVIEW

1. How many children do you have?

2. What sex and age are your children?

3. Does anyone help you raise your children?

4. Did you tell them that you are taking this course?

5. How did you decide to participate in this course?

6. What in particular do you hope to learn during this course?

7. What changes, if any, do you hope this course will produce in your life?

Supplement 2

FIND SOMEONE WHO

Find someone who:

1. Has a younger brother _____
2. Has been asked an embarrassing question about sex by a child _____
3. Has seen his or her parents naked _____
4. Would rather be home tonight _____
5. Learned a lot of sexual information from parents _____
6. Knows the time during the menstrual cycle when a woman is most likely to get pregnant _____
7. Participated in a prepared childbirth class _____
8. Knows how alcohol affects sexual functioning _____
9. Knows what he or she would tell a six year old about sexual intercourse _____
10. Has ever seen an X-rated film _____
11. Knows someone who is homosexual _____
12. Feels nervous doing this exercise _____
13. Used to live in a different state _____
14. Would like to be a teenager today _____
15. Wishes he or she were younger _____

Supplement 3

RANKING YOUR FEELINGS

For each item, mark your first, second, and third choices.

1. When I was a teenager, and before I became sexually active, the thing I was most curious about regarding sex was:

   _____ when it would be okay to have sexual intercourse
   _____ exactly what people did when they had sexual intercourse
   _____ whether I'd like it or not

2. The thing I'd most like to overhear someone saying about me would be that I'm:

   _____ attractive
   _____ nice
   _____ intelligent

3. The thing that would upset me most would be if a friend told me that she:

   _____ is having an affair
   _____ recently had an abortion
   _____ gets beaten by her partner

4. If a neighbor were talking with me about her 13 year old daughter, the thing that would concern me most would be her telling me that:

   _____ she feels her daughter is too young to learn about sexuality
   _____ her daughter is taking birth control pills
   _____ her daughter is allowed to be alone in her room with boys

5. I'd be most uncomfortable with a person who told me s/he was:

   _____ a victim of incest
   _____ a former mental patient
   _____ a homosexual

6. I'd be most upset if my daughter told me that she:

   _____ is pregnant
   _____ is homosexual
   _____ is an alcoholic

7. I'd be most upset if my son told me that:

_____ his girlfriend is pregnant
_____ he is homosexual
_____ he is an alcoholic

8. If I were cleaning my child's room, the easiest thing for me to handle would be:

_____ finding a pint of alcohol
_____ finding a pack of condoms, with some gone
_____ finding pornographic magazines

9. It's hardest for me to imagine my child ever:

_____ having sexual intercourse
_____ smoking marijuana
_____ masturbating

10. The worst possible thing I could find out about my sex partner would be that s/he:

_____ is in love with someone else
_____ is bisexual
_____ has syphilis

Supplement 4

EARLY MEMORIES

Think back to when you were 5-9 years old. Were your parents openly affectionate with one another?

1. Describe how your parents related to one another. If you lived with a single parent, describe how s/he related to adult friends.

2. Describe the communication about sex in your home.

3. What were your parents' attitudes toward sex?

4. What memories do you have as a 5-9 year old child about:

   - masturbation?

   - nudity in your home?

   - learning about sexual intercourse?

   - sex play with other children?

   - bathing with siblings, friends, parents?

   - sharing beds with other children or adults?

   - viewing sexually intimate behavior of parents or other adults?

Supplement 5

MY PARENTS TOLD ME

Parents communicate their values to children in a variety of ways. Below are eight major issues and under each are sentences to complete. In some areas, the messages might have been implied, rather than explicitly stated. Complete each sentence and then circle (A) if you now agree with the message or (D) if you disagree with it.

EXAMPLE:

MONEY

Mom always said "Have fun with your money." A D

Dad always said "Save your money for a rainy day." A D

FRIENDSHIP

Mom always said _____ A D

Dad always said _____ A D

LOVE

Mom always said _____ A D

Dad always said _____ A D

SEX

Mom always said _____ A D

Dad always said _____ A D

OPPOSITE SEX

Mom always said boys/girls were _____ A D

Dad always said boys/girls were _____ A D

MARRIAGE

Mom always said _____ A D

Dad always said _____ A D

MASTURBATION

Mom always said _____ A D

Dad always said _____ A D

HOMOSEXUAL PEOPLE

Mom always said _____ A D

Dad always said _____ A D

BEING A MAN/BEING A WOMAN

Mom always said _____ A D

Dad always said _____ A D

ME

Mom always told me I was _____ A D

Dad always told me I was _____ A D

Supplement 6

QUESTIONNAIRE ON ADULT SEXUALITY

Record the one response that best reflects your feelings and the one you think reflects your partner's feelings.

YOUR ANSWERS		YOUR PARTNER'S PROBABLE ANSWERS
____	1. Who should be responsible for contraception? a. man b. woman c. both	____
____	2. Who should be responsible for children's sex education? a. father b. mother c. both d. neither	____
____	3. For whom is masturbation acceptable? a. man b. woman c. both d. neither	____
____	4. Who should initiate sexual activity? a. men b. women c. both	____
____	5. Sex belongs: a. no where b. in the bedroom c. anywhere inside d. anywhere where there is privacy e. everywhere	____
____	6. Sex is appropriate: a. at night b. only in the dark c. any time	____
____	7. Sex on T.V. makes me: a. angry b. curious c. entertained d. disgusted e. frustrated	____

____ 8. Sex outside of marriage is tolerable for: ____
   a. men
   b. women
   c. both
   d. neither

9. What activities do you think are okay for an adolescent girl to do in the following situations? Use a check mark (✓) to indicate any activities that you feel are okay, and an (X) to indicate those you think your partner feels are okay.

	KISSING	PETTING	HAVING SEXUAL INTERCOURSE	NONE OF THESE
If a girl and boy are strangers				
If a girl and boy are friends or are dating				
If a girl and boy are going with each other				
If a girl and boy are in love				
If a girl and boy are planning to get married				

10. What activities do you think are okay for an adolescent boy to do in the following situations? Use a check mark (✓) to indicate any activities that you feel are okay, and an (X) to indicate those you think your partner feels are okay.

	KISSING	PETTING	HAVING SEXUAL INTERCOURSE	NONE OF THESE
If a girl and boy are strangers				
If a girl and boy are friends or are dating				
If a girl and boy are going with each other				
If a girl and boy are in love				
If a girl and boy are planning to get married				

Unit II

SEXUALITY THROUGH CHILDHOOD

OVERALL GOAL:

To provide information about the physical, cognitive, and psychosexual development of their children. To provide the important facts on various topics in human sexuality.

RATIONALE:

Each of us is a sexual person from the moment we are born. How we experience our sexuality and how we behave, changes as we grow and develop.

Children need and seek information about sexuality throughout childhood, but their questions and concerns change as they grow older. So does their ability to use concepts, to generalize, and to recognize nuances. Thus, parents who wish to teach their children about sexuality must be prepared in two ways. They must have, or be able to obtain, accurate information, and they must be able to ascertain what level or kind of information the child can really use.

The first half of this unit, by helping parents learn about the broad range of normal childhood behavior, can help parents accept and empathize with their own children's unique expressions and concerns. The second half concentrates on providing information where it is missing, incomplete, or inaccurate.

OBJECTIVES:

1. To discuss the psychosocial and psychosexual development of children at different ages. (Activities II.1 and 3-7)

2. To discuss cognitive development of children at different ages. (Activity II.2)

3. To consider how and what sexual information to teach children at different stages of development. (Activities II.1 and 3-6)

4. To discuss the physical changes during puberty and adolescence. (Activities II.5-6 and 11)

5. To obtain correct answers to questions on sexual topics relevant for parents' children. (Activities II.9-10)

6. To discuss the prevalence of adolescent sexual behavior and pregnancy and strategies for preventing unwanted pregnancies. (Activity II.8)

UNIT II OVERVIEW

Name of Activity	Estimated Minutes	Type of Activity	Materials Required	Age of Children	Page No.
1 Sexual Development Through Childhood	20	Presentation	Supplement 1, Newsprint	3-16	44
2 Cognitive Development	30-60	Presentation	Supplements 2 & 3	3-12	46
3 Psychosexual Development	15-20	Presentation	None	3-12	49
4 Psychosocial Development of Young Children	15-20	Presentation	None	3-11	50
5 Stages of Adolescence	30-40	Presentation	Newsprint	12-18	52
6 Adolescent Development	15-20	Presentation	Newsprint	12-18	54
7 Film: Child Development	40	Film	Projector	3- 7& 8-18	55
8 Adolescent Pregnancy & Prevention	40-60	Film	Projector	12-18	56
9 Using Resources: Sexual Information	30-60	Exercise	Supplement 4, Textbooks	3-11& 12-18	60
10 Anonymous Questions	30-60	Exercise	3x5 Cards	3-18	61
11 Film: Facts and Feelings about Sexuality	0-45	Film	Projector	3-15	62

SEXUAL DEVELOPMENT THROUGH CHILDHOOD (II.1)

Purpose: To provide information on the sexual development of children.

Materials:

"Normal Sexual Development" (Supplement 1), newsprint, and magic marker.

Time: 20 minutes

Procedure: Draw a long line on the newsprint.

Infant _____ Adult

Ask parents to think about how a human being gets from infancy to adulthood. What does it take to become a normal, healthy, sexually functioning adult, that is, someone who is capable both of enjoying a mature sexual relationship and of making responsible decisions about sexual behavior? List the major tasks:

- Must possess a basic positive identity as a male or female.
- Must learn how to act like a male or female, however one's culture defines these behaviors.
- Must develop a sexual attraction to the opposite sex.
- Must develop a willingness to share oneself with another person in a loving, intimate relationship.
- Must acquire some basic information about how to give and receive sexual pleasure and how to conceive and not to conceive.

Acknowledge that not everyone agrees with these five points. For example, some people see homosexuality as healthy adult sexuality. Others feel celibate people are capable of having a sexually fulfilling life.

Next, ask for suggestions from the parents: how does a child, adolescent, or adult accomplish these tasks? If necessary, supplement their answers with the following:

- By responding to inner urges for sexual pleasure (leads to sexual responsiveness).
- By exploring and experimenting with other children, teenagers, and eventually adults.
- By watching carefully how adults around them behave.
- By observing the media.

Distribute the handout and discuss the major landmarks in children's sexual development. Focus on the stages of development that are relevant to parents in the group. These concepts can be reinforced by presenting the lectures on psychosocial and/or psychosexual development.

Discussion Points:

1. Encourage questions. If appropriate, pass around several books that either parents or children might use to learn more about sexual development.

2. Ask them to think about the different roles that mothers and fathers play. Are those roles changing?

COGNITIVE DEVELOPMENT (II.2)

Purpose:

To provide general information about how children learn at different ages; to help parents apply that information when teaching their children about procreation.

Materials:

"Cognitive Development" (Supplement 2), "Talking to Your Child About Sex and Birth" (Supplement 3).

Time: 30-60 minutes

Planning Note:

This presentation is best suited for parents interested in having an intellectual understanding of their children's thinking. (For further reading, see J. Piaget and A. Bernstein, Appendix B.)

Procedure:

Present the following information drawing on examples from parents and eliciting their own interpretations.

Piaget

Jean Piaget, a renowned Swiss psychologist, identified four distinct stages of development that occur in sequence. Each stage has two components: external intellectual challenges and internal reorganization and integration.

Piaget found that a child's understanding develops from unsatisfactory interactions of the child with its environment. For example, imagine a 3-4 year old attempting to get cookies out of a jar on the kitchen counter. First he reaches for the jar. He tries again on his tiptoes. Then he tries stepping on the inside of a lower drawer. Finally, he looks around the room, sees a chair, pulls it up to the counter, climbs on top of the chair, reaches for the jar and finally gets his cookie. This is an important learning experience stemming from the frustrations of initial attempts.

Stage 1: Sensory-Motor
From age 0-2 children learn by the consequences of repeating behaviors.

Stage 2: Preoperational Thought
From age 2-7 children see the world through their eyes only (egocentrism) and learn symbols to represent the external world (speech).

Stage 3: Concrete Operations
From age 7-11 children learn logic and mathematical structures. Their understanding is dependent on evidence.

Stage 4: Formal Operations

Beginning at approximately age 11, children are capable of reasoning and understanding abstract thought without visible evidence.

Discussion Points:

1. What examples can you think of from your own experience with children at Stage 1? Stage 2?

2. What does this theory tell you about how children might understand conception at different ages?

3. How would you explain conception to a child at the preoperational thought stage? At the concrete operations stage? At the formal operations stage? If parents have difficulty doing this, model the explanations with you being parent and a parent being child. For example, to show how a baby is born to a child in Concrete Operations, you can use an Effie doll or some other prop to demonstrate using visible evidence.

Bernstein

Anne Bernstein, an American psychologist, identified stages of awareness of procreation in children aged 3-12.

Level 1: Child believes that babies have always existed. For example, the stork brought the baby from its previous residence.

Level 2: Child believes that babies are manufactured. For example, babies are made on an assembly line the way a doll might be made.

Level 3: Child restricts himself to reproduction processes that are technically possible. For example, after learning that an "egg" is involved in the birth process, the child visualizes an egg that hatches the way a chicken egg hatches.

Level 4: Children understand the physical facts of life but do not understand why genetic material unite to produce a baby.

Level 5: Children at approximately age 11 say that sperm and ovum must unite but they do not understand the concept of cell development. They believe that the baby springs preformed from a cell, i.e., a miniature adult person is very small and simply grows larger.

Level 6: At about age 12 children begin to put it all together. They give exclusively physical explanations of conception and birth and realize that both parents contribute genetic material to the embryo. They also begin to understand the complexity of physical, sexual, and social relationships.

Discussion Points:

1. Ask parents to answer the question "Where do babies come from?" for children in the six levels.

2. Ask parents for ideas about how they can determine a child's level of understanding.

3. Discuss the general implications of Piaget's and Bernstein's stages, especially that explanations need to be repeated over the years and that parents need to ask their children to verbalize their understanding.

PSYCHOSEXUAL DEVELOPMENT (II.3)

Purpose:

To help parents understand psychosexual development from birth through adolescence.

Materials: None

Time: 15-20 minutes

Procedure:

Introduce Sigmund Freud as being one of the first to consider the sexuality of children. Some of his theories and comments are controversial, but many mental health practitioners agree with his notion of children developing in stages focused on different physiological experiences.

Oral stage: From age 0-2, children's experiences focus on, and much of their pleasure is derived from, oral activities, especially nursing and eating.
Anal stage: Beginning at the third year, the excretion process becomes important. Children are fascinated by elimination and often express their fascination through "bathroom humor."
Phallic stage: At approximately age 4, sexual and aggressive feelings come into focus. A child begins to identify with the parent of the same sex but is also jealous of the attention that parent receives from the parent of the opposite sex. Children at this age become very aware of who has what body parts. Freud suggested that girls were jealous that boys had a penis ("penis envy").
Latency stage: At about age 6, a child's sexual interest becomes less obvious. Freud theorized that children completely push such thoughts out of their minds, turn toward same sex friends, and turn their attention to other concerns such as gaining knowledge. However, now it is clear that children of this age are very much aware of sexuality but some may feel awkward about discussing it or showing any interest in the topic.
Genital stage: During puberty a child begins to participate in group activities, to socialize with both sexes, and, in general, to prepare for adult life.

Discussion Points:

1. Can you think of any examples of the different stages?
2. Do parents need to behave differently during different stages?
3. What kinds of struggles may surface in the anal stage? In the phallic stage?
4. What do you think about the theory of penis envy? What can a parent do to help a daughter who has such feelings? Are boys every jealous of the female's ability to bear children?

PSYCHOSOCIAL DEVELOPMENT OF YOUNG CHILDREN (II.4)

Purpose: To help parents understand a child's psychosocial development.

Materials: None

Time: 15-20 minutes

Procedure:

Explain to parents that most children experience predictable stages of psychological and social development. As they mature, they face new issues and conflicts to resolve. Erik Erickson developed the following theory of psychosocial development:

Stage 1: Trust vs. Mistrust. During infancy, the child begins to develop a sense of identity. The infant learns to either trust or mistrust his/her environment. Learning to trust is basic to an individual's ability to form interpersonal relationships in the future. It is important for parents to meet the child's basic needs and to provide love and physical affection.

Stage 2: Autonomy vs. Shame and Doubt. The child struggles between inner desires and external controls. A 2-3 year old child experiments and tests environmental limits. The child is separating from parents and declaring his/her individuality. Sibling rivalry is common in families with children close in age. Parents must set consistent limits, yet allow enough freedom for the child to explore, learn, and make choices. The Stage 2 child is torn between love and hate for parents, cooperation and willfullness, and freedom vs. repression of self-expression. If the child resolves the conflict by learning self-control without losing self-esteem, the result is a lasting sense of good will and pride. If not, the child may be left with a lingering sense of shame and doubt.

Stage 3: Initiative vs. Guilt. By age 4, the child begins to contemplate goals and to initiate acts in order to be active and on the move. More aware of increasing skills, the child becomes more aggressive in undertaking new tasks. He/she may begin preschool at this time. Many children experience guilt when they don't accomplish their goals as planned, even though they may not have developed necessary skills for accomplishing the task. Stage 3 children struggle with siblings and father for a favored position with the mother. Often, a child is jealous of his/her same sex parent and does not like to see parents hug or show affection; however, these feelings may also cause guilt and anxiety. By the end of this stage, many children choose to identify with the same sex parent or same sex role model. Gender identity is usually firmly established by this time.

Stage 4: Industry vs. Inferiority. This stage marks an "entrance into life." The child is much more influenced by the world outside the family. S/he learns to win recognition by producing things. Having mastered motor coordination and effective speech, the child moves on to more intellectual tasks in school. S/he begins to be a worker and potential provider. Most children can work cooperatively with peers and learn appropriately from adults. On the other hand, the child inevitably

experiences both achievements and disappointments in school; if a child feels inadequate or experiences many failures, s/he may develop feelings of inferiority. Other societal influences may have a negative impact on children who might be viewed as different.

For a presentation on adolescent development, see the next activity.

The film "Everybody Rides the Carousel, Part I or II" could be shown at this time to reinforce these concepts.

Discussion Points:

1. What developmental stage best represents your child?

2. What tasks is s/he currently resolving?

3. What new approaches might you take with your child in consideration of his/her developmental stage?

STAGES OF ADOLESCENCE (II.5)

Purpose: To present theories about the developmental stages of adolescence.

Materials: Newsprint and magic marker

Time: 30-40 minutes

Procedure:

Tell parents that you want to review the developmental stages of adolescence. Begin with the following fantasy experience. Read the fantasy slowly, in a relaxed tone.

> "Try to picture yourself at age 12. What did you look like? How did you feel about your body? Remember your feelings about your parents. Were you getting along with them? How did you feel about your friends? Did you have special friends? Were you going out with someone? What was that like? Were you in love?
>
> Picture yourself at 13 ... at 14 ... at 15 ... at 16 ... at 17 ... at 18 ... at 19 ... at 20."

Discuss the fantasy. What happened to parents between age 12 and 20? Present the following descriptive information, emphasizing that these are trends or generalizations and not necessarily true of each individual.

Developmental Tasks

Independence: Adolescents need to become less dependent on parents. They begin to shift from parents to peers or to belief systems in order to achieve independence. This shift is strong and may involve rebellion.

Identity: Adolescents struggle to define themselves and what they want to accomplish. They are answering the questions: "Who am I? What can I be?" This process involves experimenting. Adolescents need to develop gender role identity, a positive body image, and a sense of esteem and competence.

Intimacy: This is a time of preparation for loving relationships. Adolescents are learning to express and manage emotions. They are developing the capacity to love and be loved, and to be intimate in relationships with others.

Integrity: Adolescents must develop a foundation for sorting out values. Parents have provided a base for this. However, there is a tremendous amount of other input at this time -- peers, media, school, etc. Adolescents are deciding what to believe in and how to behave.

Intellect: The adolescent's intellectual capacity is increasing and changing from concrete thinking to include abstract thinking. Many adolescents become capable of conceptual thinking and of understanding logic and deductive reasoning. This increased ability may heighten self esteem. Some adolescents tend to overvalue their intellectual theories and see things from an idealistic point of view.

Developmental Stages

Put each stage on newsprint. Ask parents to suggest characteristics of each stage. Emphasize that these are normal tendencies but do not necessarily describe a particular child. These stages overlap.

Early: Onset of puberty, female ages 10-13, male ages 11-14.

Starting to move to peers
Vacillates between clinging and rebellion
Strives for independence
May be confused, preoccupied with body, wonders "Am I normal?"
May experiment with same-sex sexual behavior
Begins to think abstractly

Middle: Female ages 13-16, male ages 14-17 (defined by peer group).

Continues effort to establish separate identity from parents
Often becomes idealistic and altruistic
Interested in dating, exploring sex
Loves intensely, "desperately"
Continues to develop abstract thinking

Late: Female ages 16-?, male ages 17-?

Many secure emancipation by now
Establishes set body image
Loves more realistically, with commitment and giving
Peer group becomes less important, more selective
Develops more consistent framework of values, morals, ethics
Able to think abstractly
Defining life goals

What does each stage tell you about educating adolescents? Generate a list of guiding principles that parents can use for early, middle, and late adolescence. For example, when dealing with early adolescents, parents need to:

- Be patient
- Allow more independence
- Reassure adolescents that they are normal

Discussion Points:

1. What developmental stage best represents your child?

2. What tasks is he/she resolving?

3. What new approaches might you take with your child in consideration of his/her developmental stage?

ADOLESCENT DEVELOPMENT (II.6)

Purpose:

To present theories about the developmental stages of adolescence. (Shortened version of activity II.5.)

Materials: Newsprint and magic marker

Time: 15-20 minutes

Procedure:

Explain to parents that adolescence is probably one of the most difficult stages for both parents and children. Ask the group: "What issues do you think your children are grappling with as they begin the transition from childhood to adulthood?" Review the following information:

Developmental Tasks of Adolescence

Independence: Adolescents need to become less dependent on parents. They shift from parents to peers or to belief systems in order to achieve independence. This shift is strong and may involve rebellion. The child may demonstrate ambivalence, that is, s/he may act like a dependent child one day and demand to be treated like an adult the next.

Identity: Adolescents struggle to define themselves and what they want to accomplish. They are answering the questions: "Who am I? What can I be?" This process involves experimenting. Adolescents need to develop sex role identity, a positive body image, and a sense of esteem and competence.

Intimacy: This is a time of preparation for loving relationships. Adolescents are learning to express and manage emotions. They are developing the capacity to love and be loved, and to be intimate in relationships with others.

Integrity: Adolescents must develop a foundation for sorting out values. Parents have provided a base for this. However, there is a tremendous amount of other input at this time, such as peers, media, and school. Adolescents are deciding what to believe in and how to behave.

Intellect: The adolescent's intellectual capacity is increasing and changing from concrete thinking to include abstract thinking. Many adolescents become capable of conceptual thinking and of understanding logic and deductive reasoning. This increased ability may heighten self-esteem. Some adolescents tend to overvalue their intellectual theories and see things from an idealistic point of view.

Discussion Points:

1. Has your child begun to grapple with any of these issues? If so, how?

2. How do you react to your child's new behavior?

3. How can you help your child resolve these tasks of adolescence successfully?

FILM: CHILD DEVELOPMENT (II.7)

Purpose: To reinforce information previously presented on child development.

Materials:

16mm projector and film: "Everybody Rides the Carousel", Part I or II.

Time: 40 minutes (24 minutes for each film)

Planning Note:

Use this film to supplement a presentation on psychosocial or psychosexual development. It is not sufficient by itself.

Procedure:

Show Part I or II depending on the age group of children of most parents in the group. Part I portrays the developmental issues of infants through elementary school age. Part II deals with late childhood, adolescence, and young adulthood. See film annotations in Appendix A.

Discussion Points:

1. Could you identify with the parents in the film? If so, how?

2. What stage is your child in right now?

3. How are you helping him/her successfully progress to the next stage?

ADOLESCENT PREGNANCY AND PREVENTION (II.8)

Purpose:

To give parents information about adolescent sexual behavior and pregnancy, and strategies for pregnancy prevention.

Materials:

Screen, 16mm film projector or filmstrip projector:
"Teenage Pregnancy and Prevention" [Sunburst Communications]
"Woman/Child" [National Foundation/March of Dimes]

Time: 40-60 minutes

Procedure:

Explain to participants that adolescence is a time when young people become more aware of sexual feelings and romantic attractions. More adolescents are choosing to have sexual intercourse than they did 20 years ago. This audiovisual presentation is designed to give parents information about adolescent sexual behavior, the number of adolescent pregnancies, and strategies for prevention. Show the film or filmstrip.

Alternative Procedure:

To alert parents to the prevalence of teenage sexual activity and pregnancy, administer the following brief quiz. Read each question and ask parents to record their answers. (Source: Teenage Pregnancy: The Problem that Hasn't Gone Away. See Appendix B. Statistics may fluctuate with time.)

1. What percentage of 15-17 year old girls have had intercourse?

   a. 25% (b.) 33% c. 50% d. 66%

2. What percentage of 15-17 year old boys have had intercourse?

   a. 25% b. 33% (c.) 50% d. 66%

3. What percentage of teenage girls became pregnant before they became 20?

   a. 1% b. 6% c. 24% (d.) 36%

4. In 1978, how many American adolescents became pregnant?

   a. 5,000 b. 51,000 c. 550,000 (d.) 1.1 million

5. What percentage of sexually active adolescent females don't get birth control because they are afraid their parents will find out?

   a. 5% b. 11% c. 21% (d.) 31%

6. Of those who get pregnant, what percentage choose abortion?

   a. 10% b. 15% c. 23% (d.) 38%

7. Of those who get pregnant, what percentage have out of wedlock births?

   a. 5% b. 12% (c.) 22% d. 42%

8. Of those who decide to have their babies, what percentage keep them?

   a. 10% b. 26% c. 76% (d.) 96%

Go over the answers to the quiz.

Sexual Revolution?

Are today's teenagers much different from teenagers of 20-30 years ago? Certainly attitudes are different today. Adolescents were expected to be chaste then. Now, sexual activity seems to be more acceptable to the youth peer group and society in general. All teenagers were not virgins then; about half are sexually active now.

More adolescents are getting pregnant now. Why?

- Girls and boys are maturing sexually at an earlier age.
- They are able to conceive earlier, in part because more girls are beginning to menstruate at younger ages.
- General health is better.
- There are more adolescents who are capable of getting pregnant in the United States (due to the population explosion of the 50's).
- More teenagers are having intercourse at an earlier age.

The media bombards us with sexual messages. Magazines, television, and books continually present information and attitudes about sexuality. Some are constructive messages; most are confusing or misleading, such as telling youth that "everybody is having sex." (Source: Lewis and Lewis, The Parent's Guide to Teenage Sex and Pregnancy. See Appendix B.)

Sexual Behavior

- Of the 21 million adolescents in the United States between 15-19 -- approximately 11 million are sexually active.

- Slightly less than half of 15-19 year olds are not having sex.

- More adolescent girls are having intercourse. For girls aged 15-19 in metropolitan areas, the figures jumped from 30 percent in 1971 to 50 percent in 1979.

- Black teenagers begin sexual activity earlier and have higher pregnancy rates than white teenagers. However, these rates are not continuing to increase as they are with whites.

- Teenagers are beginning intercourse younger. In 1979, only 34% of sexually active teenagers always used birth control. 39% sometimes used birth control and 27% never used birth control. (Source: Zelnick and Kantner, "Sexual Activity, Contraceptive Use and Pregnancy Among Metropolitan Area Teenagers: 1971-1979." See Appendix B.)

Teenagers have intercourse infrequently with few partners:

- In studies (Zelnick and Kantner, 1976), 38% of girls reported that they had had no intercourse in the previous month. Some respondents had had intercourse only once or "a few times." Three out of five girls had had only one partner.

Most intercourse takes place in parents home:

- Youth Values Project revealed that 61% of nonvirgin girls and 47% of boys had intercourse in their own homes. (Source: Ross, Youth Values Project. See Appendix B.)

Social indicators of teenagers who are likely to have intercourse:

- No college aspirations
- A serious relationship with a partner
- A single-parent household
- Alienation from parents
- Weak religious beliefs
  (Source: Lewis and Lewis, The Parent's Guide to Teenage Sex and Pregnancy. See Appendix B.)

Adolescent Pregnancy

- Most are unintended: 2/3
- Many end in abortion: approximately 40%
- Risk of complications for younger teenagers: higher rates of infant mortality, toxemia, anemia, prematurity, low birth weight babies.

Negative social consequences of adolescent parenting:

- Many interrupt education, have fewer career choices
- Tend to have lower incomes
- If partners marry, are at high risk for divorce
- Tend to have larger families on lower incomes
  (Source: Teenage Pregnancy: The Problem That Hasn't Gone Away. See Appendix B.)

Discussion Points:

1. Were you surprised by any of the facts presented in the film or lecture?

2. What values do you hold for your adolescent? Would you want him/her to experience sexual intercourse at this age? Pregnancy?

3. What have you told your child about these behaviors?

4. What would you do if you found out that your child was having intercourse? Was pregnant or had impregnated someone?

USING RESOURCES: SEXUAL INFORMATION (II.9)

Purpose:

To provide information on sexual topics. To give parents experience using resource materials on human sexuality.

Planning Note:

This exercise is best suited for parent groups with somewhat limited information about sexuality. Try to choose a wide variety of materials for parents to choose from -- some college or professional texts, some written for adolescents, etc. We recommend the following assortment (for more information, see Appendix B):

Carrera, M. Sex: The Facts, the Acts and Your Feelings.
Johnson, E.W. Love and Sex in Plain Language.
Katchadourian, H. & D. Lunde. Fundamentals of Human Sexuality.
Kelly, G.F. Learning About Sex -- The Contemporary Guide for Young Adults.
McCary, J.L. Human Sexuality.

Materials:

Human sexuality textbooks (approximately ten texts per class of twenty parents), "Knowledge Questionnaire" (Supplement 4a for parents of young children or 4b for parents of adolescents).

Time: 30-60 minutes

Procedure:

Explain the transition in the following way: "Now that we have worked on the broad picture of sexual development, let's move on to some of the details of human sexuality. You do not need to be a walking encyclopedia to give your child a really fine sex education, but as with many other things in life, the more you know, the more likely your child will seek you out as a resource to answer his/her questions."

Divide parents into groups of three or four. Allow spouses or friends to be in the same group. Distribute the knowledge questionnaires and ask participants to find the answers to the questions as a group. Have texts available for those who want to use them. After 20 minutes, have them come back to the large group and review the answers to all of the questions. Encourage them to guess if they don't know. Be sure to have correct answers. Ask them where they could get answers if they really needed to find something out. Allow time for parents' additional questions.

Discussion Points:

1. Were you surprised by any of the answers? Which ones?

2. In which area do you feel parents need more information?

ANONYMOUS QUESTIONS (II.10)

Purpose:

To give parents an opportunity to ask questions about sexuality that they may not feel comfortable asking in a group.

Materials:

Cardboard box with large slot on the top, 3x5 index cards, textbook.

Time: 30-60 minutes

Procedure:

At the end of each session and at the beginning of this exercise, ask participants to write on a 3x5 card any questions they have about puberty, reproduction, developmental sex differences, masturbation, fantasy, contraception, abortion, homosexuality, and the probability of becoming pregnant. Have all parents put a card in the box even if blank. Open the box and read each question to the group. (You may want to prepare answers to the questions you obtained in earlier sessions.) Make sure every question is answered accurately. If there is some confusion or if you are unsure of an answer, look up answers together in a text book.

Alternative Procedure:

Type questions on index cards. Have parents divide into groups. Give each group a few questions and ask them to answer as many as they can. Reconvene the entire class and ask a spokesperson from each group to report on their questions. If time is limited, ask them to present the most difficult question.

Discussion Points:

1. What type of question is most difficult to answer?

2. What topics would you want to continue to research?

FILM: FACTS AND FEELINGS ABOUT SEXUALITY (II.11)

Purpose:

To alert parents to common myths and to provide facts on puberty, reproduction, probability of pregnancy, and normal body variations. To provide an example of a commonly used film for children.

Materials:

16mm projector, room with curtains, screen or blank wall, film:
"Am I Normal?" [New Day Films]
"Dear Diary" [New Day Films]
"Then One Year" [Churchill]

Time: 30-45 minutes

Procedure:

See Appendix A for a description of each film. When you introduce the film, explain that it was developed for puberty-aged children and is widely used in sex education programs for children that age.

Show the film and ask for comments and questions. Ask parents if they need clarification of any of the facts presented in the film.

Discussion Points:

1. Did you learn anything new?

2. How would you feel about your child seeing this film?

3. What did you think about the portrayal of parents (in the films "Am I Normal?" and "Dear Diary")?

4. How would you have handled those situations?

Supplement 1

NORMAL SEXUAL DEVELOPMENT IN CHILDREN: MAJOR LANDMARKS

A. Birth through 2 Years of Age

1. Family encourages either a male or female identity.
2. Child begins to explore genitals and other body parts unless stopped by parents or other adults.
3. Family and other significant adults convey attitudes toward body parts (in particular, genitals).
4. Child experiences awareness of genital pleasure. (From birth, boys experience erections and girls lubricate vaginally.)
5. Family either builds or discourages the development of trust.
6. Family either builds or discourages the development of self-esteem in the child.
7. Child is completely dependent upon parents/caretakers.

B. 3 and 4 Years of Age

1. Family continues to reinforce a male or female identity.
2. Child becomes aware of gender differences.
3. Child touches genitals for pleasure unless taught not to.
4. Child may participate in mutual body exploration with children of both sexes.
5. Child may wish for special relationship with opposite sex parent and compete with parent of same sex.
6. Child becomes more independent - sees him/herself as a separate person.

C. 5 through 7 Years of Age

1. Child's gender identity is fixed.
2. Child usually gives up wish for special relationship with opposite sex parent and seeks a stronger relationship with same sex parent.
3. Child may continue to participate in mutual body exploration.
4. Child may begin to daydream or fantasize about sex.
5. Child may have confused, even hostile, feelings towards children of the opposite sex.

D. 8 through 12 Years of Age

1. Peer group has increased influence on child's self-image.
2. Child begins to separate from parents.
3. Child begins to experience body changes during puberty.
4. Some girls begin to menstruate.
5. Child may feel modest.
6. Child may masturbate, sometimes to orgasm.
7. Child hides sex play from parents.

E. 13 Years of Age and On

1. Child continues to experience body changes (puberty). On the average, boys develop about 2 years later than girls.
2. Most girls menstruate by age 15.
3. Most boys are capable of an ejaculation by 15.
4. Child seeks greater independence, often rebelling against parents.
5. Child probably masturbates.
6. Child probably experiences sexual fantasies.
7. Child may have a sexual attraction or experience with someone of the same sex. This is not necessarily an indication of a same sex orientation.
8. Child is attracted to the opposite sex or aware of the lack of attraction.
9. Child experiences frequent mood swings.
10. Child becomes more aware of physical appearance, sometimes being vain and at other times very self-critical.
11. Child tends to be greatly influenced by peer groups.
12. Child begins to develop romantic relationships.

Supplement 2

COGNITIVE DEVELOPMENT

Piaget

Sensory-Motor - Begins with reflexes. Over the first 2 years child repeats patterns of movement and learns from their consequences.

Preoperational Thought - Child begins to represent the external world internally with symbols.

Concrete Operations - Child understands logic and mathematical structures.

Formal Operations - Child can reason and infer without visible evidence.

Bernstein

Level 1: Geography "The youngest children answered the question 'How do people get babies?' as if it were a question about geography."

Level 2: Manufacturing "These children believe that babies are manufactured by people as if they were automobiles."

Level 3: Transitional "Children at this level explain procreation as a mixture of physiology and technology, but they stick to operations that are technically feasible."

Level 4: Concrete Physiology "At approximately aged 8 years children begin to give primarily physiological explanations. They think logically, consider past and future and understand cause and effect. However, they do not understand why genetic material must unite to begin life."

Level 5: Preformation "At level five, children at least attempt to explain the necessity for sperm and ovum to join, but most insist that the baby springs preformed from one of the germ cells."

Level 6: Physical Causality "Children give exclusively physical explanations of conception and birth and recognize that both parents contribute genetic material to the embryo."

Source: A. Bernstein, The Flight of the Stork.

Supplement 3

TALKING TO YOUR CHILD ABOUT SEX AND BIRTH

Never inundate a child with information, but tell him what he wants to know in terms he can understa- ild's own curiosity should be a guide to the explicitness of your explanation. n by asking questions that will elicit the child's beliefs without leading his repi, In that way, his level of understanding will become apparent. Some of the questions I asked were: How do people get babies? How do mommies get to be mommies? How did your daddy get to be your daddy?

Children usually are ready to hear explanations of sex in terms that are one level beyond their present understanding. If parents communicate their own comfort, the child will feel he has permission to ask what he wants to know.

Never make a child feel stupid or foolish because he looks at reproduction in a fanciful way. It is important to support the child's problem-solving effort without confirming his erroneous information.

Level-One Child. This child believes that babies have always existed. Speaking in level two terms, a parent might tell him "Only people can make other people. To make a baby person, you need two grown up people: a woman and a man, to be the baby's mommy and daddy. The mommy and daddy make the baby from an egg in the mommy's body and a sperm from the daddy's body."

Level-Two Child. This child believes that babies are manufactured. The parent could say, "That's an interesting way of looking at things. That's the way you would make a doll. You would buy a head and some hair and put it all together. But making a real live baby is different from making a doll or a cake or an airplane."

This child can be lead to understand that while a factory may have a wide range of components at its disposal, babymakers have only certain ingredients from their own bodies as materials. The parent might continue: "Mommies and daddies have special things in their bodies that they use to make babies. Mommies have tiny eggs and daddies have tiny sperms. When an egg from a mommy and a sperm from a daddy join together, they grow into a baby. The baby grows inside the mommy's body."

The level-two child who speaks of opening tummies might be told: "Can you put your hand inside your tummy? Then do you think the mommy and daddy can really put their hands in their tummies? There must be another way. Do you want to know how they get the egg and the seed together? The daddy's sperm are in his testicles and they come out through his penis. The mommy's vagina is a tunnel to where her eggs are. So, if the daddy put his penis into her vagina, the sperm could go through the tunnel to the egg."

Level-Three Child. This child already restricts himself to reproductive processes that are technically possible. The task of the level-three's parents is to clear up misapprehensions, explain why some of his beliefs are mistaken, and provide other physiological explanations.

The child who described the sperm biting a hole with its little mouth to gain access to the vagina can be led to understand that while sperm move in a way that resembles swimming, the sperm is not a whole animal. Unlike a fish, it has no mouth with which to bite. She can be told why a sperm doesn't need a mouth to get into the vagina, which is a tunnel.

One level-three child described conception in the following manner: "I guess it's like mothers and fathers are related, and their loving each other forms a baby. I don't know how it really comes just by loving and stuff, I guess the love forms the beans and I guess the beans hatches the egg."

This child's parents should agree with him, that loving is an important part of making babies. His statement shows that they have already given him an integral part of their value system. They could say, "It's really important for a baby that mothers and fathers love each other and love the baby, so that when the baby is born they can take good care of it. But loving is a feeling and can't start the baby all by itself. A baby is a living creature and it starts growing from living material. When the mother and the father make love, a sperm from the father goes through his penis into the mother's vagina. When the sperm joins with an egg from the mother, the sperm and the egg form one new thing, which grows into a baby."

Levels Four and Five Children. In talking to level-four and level-five children, the objective is the same, although the level-four child may take longer to understand why genetic material must unite to produce a baby. The level-five child believes that the whole baby exists in either the sperm or the egg needing the other only to promote its growth. Children at levels four and five need to learn that the baby has not begun to exist until the sperm and egg meet and fuse. They can learn that the seeds of life come from both parents, from whom the baby inherits its physical characteristics.

A useful way to explain genetic contributions is to talk in terms of information. A parent might say that both sperm and egg contain coded information about the baby they will grow to be. He can go on to talk about facial features, color of eyes, hair and skin. It is important to stress that neither the sperm nor the egg has the entire code until they unite. Together, they complete the message to develop into a baby that is the child of a particular set of parents.

From Anne C. Bernstein, "How Children Learn About Sex and Birth." Reprinted with permission from Psychology Today Magazine, Copyright 1976, Ziff Davis Publishing Company.

Supplement 4a

SEXUAL KNOWLEDGE QUESTIONS
(parents of 3-11 year olds)

1. What changes does a boy go through during puberty?

2. What changes does a girl go through during puberty?

3. At what age do girls begin puberty?

4. At what age do boys begin puberty?

5. What is a wet dream?

6. What is menstruation?

7. How many eggs are released from the ovaries each month?

8. How many sperm are released during each ejaculation?

9. At what point during the menstrual cycle is a woman most likely to get pregnant?

10. What is homosexuality?

11. What are the theories about the causes of homosexuality?

12. List three types of birth control and describe how each works.

13. List three types of sexually transmitted diseases and the symptoms of each.

14. How does the growing baby get food and oxygen inside its mother?

15. What causes an erection in a male?

Supplement 4b

SEXUAL KNOWLEDGE QUESTIONS
(parents of 12-18 year olds)

1. What changes does a boy go through during puberty?

2. What changes does a girl go through during puberty?

3. At what age do boys mature physically? At what age do girls?

4. How many eggs are released from the ovaries each month?

5. How many sperm are released during each ejaculation?

6. When is a woman capable of reproducing?

7. Check the situations where a woman <u>can</u> become pregnant:

____ a. If she has sexual intercourse 2 weeks before menstruating.

____ b. The first time she has sexual intercourse.

____ c. If she has sexual intercourse during her menstrual period.

____ d. If she has sexual intercourse standing up.

____ e. If she doesn't have sexual intercourse but the male climaxes next to the opening of her vagina.

8. Who masturbates in our society?

9. What are the effects of masturbation?

10. What are the theories about how people become homosexuals?

11. How does drinking alcohol affect sexual response?

12. How does marijuana affect sexual response?

13. Who has sexual fantasies?

14. List three types of sexually transmitted diseases (STD). Why do teenagers sometimes avoid medical care for STD?

15. What influences the behavioral differences between boys and girls?

16. What does research suggest about how knowledge about sexuality influences adolescent sexual behavior?

17. Describe:

a. abstinence

b. condom

c. diaphragm

d. foam

e. intra-uterine device (IUD)

f. natural family planning

g. pill

h. withdrawal

18. How effective is each method?

a. abstinence

b. condom

c. diaphragm

d. foam

e. intra-uterine device (IUD)

f. natural family planning

g. pill

h. withdrawal

Unit III

SEXUALITY IN THE HOME

OVERALL GOAL:

To help parents explore sexuality issues within the family and clarify how they want to behave toward their own children.

RATIONALE:

Just as we carry a number of unexamined attitudes and values from childhood into adulthood, so do we carry parenting styles. These automatic responses may or may not have worked well for our parents and ourselves and may or may not with our children.

Parents often take a course like this because of current specific problems they are facing at home. By this time in the course, they will feel comfortable enough talking about the subject and sharing with others in the class to explore these concerns.

This unit provides a forum for parents (1) to apply their sense of humor to and develop perspective about the challenges of raising and teaching children; (2) to bring up their concerns and hear the range of ideas and approaches other participants suggest; and (3) to consider what children learn from various parental responses to their behavior.

BEHAVIORAL OBJECTIVES:

1. To discuss issues at home which members of the group currently face or anticipate. (Activities III.1-2 and 10-11)

2. To establish some basic principles to guide parent-child relationships. (Activities III.4 and 13)

3. To consider a variety of ways to handle situations at home. (Activities III.5-8)

4. To learn how children are affected by various responses to their behavior. (Activities III.5-9 and 11)

UNIT III OVERVIEW

Name of Activity	Estimated Minutes	Type of Activity	Materials Required	Age of Children	Page No.
1 Children Say the Most Interesting Things	15-20	Exercise	Paper	3-11	76
2 Adolescents Say the Wildest Things	15-20	Exercise	Paper	12-18	77
3 Short Story	5	Presentation	None	3-13	78
4 Bill of Rights	15-30	Discussion	Supplement 1	3-18	79
5 Issues at Home	20-35	Exercise	3x5 Cards, Paper	3-11 & 12-18	80
6 Film: Issues at Home	45-60	Film	Projector	3-18 & 12-18	82
7 Question and Answer	20-30	Discussion	None	3-18	83
8 Situations	30-45	Exercise	Supplements 2 & 3 and Newsprint	3-11 & 12-18	84
9 Behavior Theory	30	Presentation	None	3-11 & 12-18	85
10 Adolescent's World	30-45	Exercise	Media Examples	11-18	87
11 SIAHAN	15-20	Exercise	Paper	3-10 & 11-18	88
12 Homework: Evaluating Feelings	15	Exercise	Handout	3-13	91
13 Homework: Guidelines for Parents	15	Reading	Handout	3-18	92

CHILDREN SAY THE MOST INTERESTING THINGS (III.1)

Purpose:

Warmup activity for parents to share the most memorable (often humorous) anecdotes of their own experiences in talking with children about sex.

Materials: Paper and pencils for everyone

Time: 15-20 minutes

Procedure:

Ask participants to take a few minutes to remember the discussions they've had with their child (or nieces, nephews) about sex, pregnancy, babies, birth control, body growth, etc. Then have them jot down, for their use only, the most memorable thing the child has said. Remind them that children's sayings can be thought-provoking, funny, serious, sad, cute, etc. Ask parents to volunteer to share what their children have said, and at what age they said it. Others in the group can ask questions about how the discussion came about, what the parents said next, etc.

Discussion Points:

1. How many of you have had similar experiences with your children?
2. Where do children get such ideas? What happens that prompts them to ask these questions?
3. How comfortable did you feel answering the questions?
4. Knowing what you know now, would you answer any questions differently if they came up again?
5. What do you think you can do to prepare yourself for the questions and comments that will be coming next?

ADOLESCENTS SAY THE WILDEST THINGS (III.2)

Purpose:

Warmup activity for parents to share the most memorable (often humorous) anecdotes of talking about sex with adolescents.

Materials: Paper and pencils for everyone

Time: 15-20 minutes

Procedure:

Ask participants to take a few minutes to reflect on some of the outrageous requests they've received from their adolescents. Then have them jot down, for their use only, the wildest request they've heard. Remind them that the experiences can be thought-provoking, funny, serious, sad, ridiculous, etc. Ask parents to volunteer to share what their adolescents have said or done, and at what age. Others in the group can ask questions about how, where, and why the situation arose and what the parents did about it.

Discussion Points:

1. How many of you have had similar experiences with your adolescents?
2. Where do adolescents get such ideas? What happens to prompt such requests?
3. How comfortable did you feel answering them?
4. Knowing what you know now, would you answer differently if such requests came up again?
5. What do you think you can do to prepare yourself for future requests and comments?

SHORT STORY (III.3)

Purpose:

To illustrate through humor the inappropriateness of giving misinformation to children.

Materials: None

Time: 5 minutes

Procedure: Read the following short story.

Maybe you know the story of the boy who asked his mother, "Where did I come from?" "The doctor brought you in his little black bag", she said. "How about you and Dad?" "The stork brought us." "Well, what happened with Granny and Grandpa, then?" "They were found under a gooseberry bush." So the boy went back to school and wrote in his biology notebook: "There has not been a normal birth in our family for three generations."

Discussion Points:

1. Ask parents what the story tells them.

2. How do you think a child feels when s/he finds out that old explanations are not true?

BILL OF RIGHTS (III.4)

Purpose:

To identify what parents consider basic rights of children and parents. To introduce parents to values upon which the course is based.

Materials: "Bill of Rights" (Supplement 1), one for each parent

Time: 15-30 minutes

Procedure:

Introduce this discussion by saying something like this:

"Many people feel that talking about your child's rights and your rights as parents makes it easier to decide how to act and how to respond to situations like the ones we have experienced. I would like to describe to you one way of sorting out your rights and your children's rights. My goal is not to force you to agree with this material, but rather to give you something to think about and discuss."

Pass out copies of "Bill of Rights" and review each item. Be sure parents understand each item. Try to assess how the group feels about these ideas. Explore any concerns that arise in the group. Some parents intuitively agree. Others will experience some of the "rights" as a threat to some very deeply held convictions about the division of power in the family. Take extra time for these statements, if you need it. Allow parents to add statements to the list if there is consensus in the group. Play "devil's advocate" and point out questions about the value statements they generate.

Discussion Points:

1. Are there some "rights" that are easier said than done?
2. Are there any "rights" that you support but your children don't?
3. Would you add anything to this list?

ISSUES AT HOME (III.5)

Purpose:

To identify actual questions participants have about their own interactions with their children related to sexuality. To consider a variety of ways to handle those situations.

Materials: 3x5 cards, paper and pens for each group recorder

Time: 20-35 minutes

Procedure:

Introduce this session by saying something like this: "Let's find out what troubling situations you have already faced regarding your children and sexuality. Sometimes parents feel a little embarrassed about things that have happened, so let's do this anonymously. Try to be as frank as you can."

Ask parents to think of the most difficult or interesting situation that has come up at home with their children. Ask parents to describe the situation on a 3x5 card and pass it in. If parents cannot think of a situation that has happened at home, have them write down an imaginary situation that they would be uncomfortable handling. Give the following examples to help parents get started:

For parents of young children

- Your child uses four letter words.
- Your child touches you on the breast or penis frequently.
- You find your child playing naked with a friend.
- You discover your child masturbating.
- Your child asks questions to which you don't know the answer.
- You are afraid someone in your family, perhaps an uncle or grandfather, is molesting or indecently touching your young child.

For parents of adolescents

- You find a pornographic magazine under your child's mattress.
- Your daughter asks you to take her to the birth control clinic.
- Your child does not honor the family curfew.
- You don't like the fast crowd that your child is hanging around with.
- Your child doesn't ask questions about sex.
- Your child asks questions to which you don't know the answer.

Explain that much of the remaining time will be spent exploring ways of handling these issues.

When they are finished, collect the cards and shuffle them. Divide parents into small groups and redistribute the cards. Ask them to brainstorm different ways to handle the situations. Have one person in each group act as recorder. When groups are finished (10-15 minutes), have them come back to the large groups where the recorders report their discussions.

Discussion Points:

1. Was it difficult to think of a situation?
2. What feelings did you have writing about a home experience?
3. What alternatives were discussed for handling different situations?
4. Which alternatives seem most appropriate for your family?

FILM: ISSUES AT HOME (III.6)

Purpose:

To give parents an opportunity to see how one family talks about sexuality. To allow parents to consider how they would handle situations based on their own value system.

Materials:

Projector, screen, extension cords, projectionist, film:
"A Family Talks About Sex" [Perennial Films]
"Loving Parents" [Texture Films]
"Mother, May I?" [Shared Future Films]

Time: 45-60 minutes

Procedure:

Introduce the film: "We have already made a list of situations that come up in our homes, and we have talked about some general guidelines for responding to these situations. Let's take a look at a film to get some more ideas of how to handle questions and problems when they come up."

Indicate the length of the film and briefly describe the content. If you are using "A Family Talks About Sex," explain that the film portrays a family with a particular set of values that the parents may or may not agree with.

Discussion Points:

1. What are general reactions to the film?
2. Would parents have handled any of the situations differently than depicted in the film? If so, how?
3. If parents are too accepting of the solutions depicted in the film, play the devil's advocate. Help them see alternatives.
4. If "Mother, May I?" is shown, ask parents how they would continue the conversation with their children.
5. If the group is willing, have them role play these situations and any others that come up.
6. Focus on the issues relevant to the age of the group's children.
7. Reinforce their ability to handle most of the situations right now. Reassure the group that even the more difficult situations will feel more manageable by the end of the course.

QUESTION AND ANSWER (III.7)

Purpose:

To address parents' concerns about their children's sexual questions and behaviors.

Materials: None

Time: 20-30 minutes

Procedure:

Open the discussion by asking for parents' questions. Try to respond to each question and then ask parents how they might have responded in similar situations.

SITUATIONS (III.8)

Purpose:

To help parents consider how they want to handle different situations and how children are affected by different responses.

Materials:

Supplements 2a-2d (for parents of younger children), Supplements 3a-3e (for parents of adolescents), or situations you develop in response to particular parent concerns. Newsprint and magic markers.

Time: 30-45 minutes

Procedure:

Introduce the exercise. Ask parents to divide into small groups. Give each group a different issue and every parent a situation worksheet. Ask parents to discuss the impact of the various parent behaviors on the child's behavior. Emphasize that there are no right or wrong answers. Also emphasize that they do not have to pick a best or worst response. The point is to concentrate on how each response will affect the child.

Give parents 10 minutes to discuss their situation before returning to the large group. Ask each group to report. Discuss the situation and the listed responses. Allow 5 minutes to discuss each response to a situation. If the group has other ideas for responding to a situation, list them on the newsprint. You may wish to present some of the concepts from the "Behavior Theory" activity here.

Discussion Points:

1. What makes it difficult to handle these situations?
2. With which responses were you most comfortable?
3. Which response will make the child more likely to repeat the activity?
4. Which reactions will make the child more likely to come to you with his/her concerns or questions about sex?
5. What makes one reaction better than another in terms of being a responsive parent?
6. What did you learn from this exercise?

BEHAVIOR THEORY (III.9)

Purpose:

To help parents understand what children learn from different types of responses to their behavior.

Materials: None

Time: 30 minutes

Procedure:

Discuss the following concepts in terms that parents can understand. Give examples which fit the appropriate age group. It may help to review theory in an introductory psychology textbook before teaching it. (Example: Ferster, C.B. Behavior Principles. See Appendix B.)

Positive Reinforcement: Child gets something s/he desired (kiss, attention, reward) for behavior; increases likelihood that child will repeat behavior.

Negative Reinforcement: Child chooses how to behave on the basis of his wish to avoid unpleasant consequences.

Punishment: Child's behavior reaps unpleasant consequence; child may learn temporarily not to repeat behavior with punishing person.

Extinction: Child behaves in certain way to get desired reaction (attention, information); if unsuccessful, child eventually stops trying to get it in that way, maybe permanently.

Vicarious reinforcement and punishment: Child's choice of behavior is influenced by what happened when someone else s/he saw or read about behaved that way.

Provide examples, asking parents to identify whether it is positive reinforcement, negative reinforcement, punishment or extinction. Help parents understand the long-range benefits of positive reinforcement.

For parents of young children:

- Jane asks her mother questions about where babies come from because her mother reponds with warmth, understanding and interest (positive reinforcement).
- Robin says "dirty" words in front of company because only then will the adults pay attention to her (positive reinforcement).
- Joan sneaks into the basement so her mother won't catch her playing doctor (negative reinforcement).

- Frank is sent to his room after his parent notices he is masturbating (punishment).

- Little Joey pulls down his pants trying to get attention. He stops because his behavior is ignored (extinction).

- Tommy notices that the other children giggle when Frank uses a "dirty" word; Tommy begins to swear (vicarious reinforcement).

For parents of adolescents:

- Jane asks her mother questions about boys because her mother responds with warmth and understanding (positive reinforcement).

- Rosa always comes home late because only then will her parents pay any attention to her (positive reinforcement).

- Joan lies about where she goes on dates to avoid her parents' complaints (negative reinforcement).

- Frank is grounded after his parents walk in on him and his girlfriend (punishment).

- Joe is ignored every time he tries to talk with his parents about his relationship with his girlfriend. He stops discussing her (extinction).

- Sally notices that Pam is popular even though she is considered a "good girl." Sally decides it's okay to say "no" to boys (vicarious reinforcement).

Discussion Points:

1. How are most parents likely to respond when they're upset?

2. Why might parents often use more negative reinforcement and punishment rather than positive reinforcement?

3. How can parents try to use positive reinforcement before negative reinforcement or punishment?

4. What are the problems with using extinction?

5. Point out that punishment usually does not eliminate behavior unless it is very severe. In fact, both young children and adolescents simply learn to hide the behavior that is punished.

6. Explain that one of the strongest influences on children is their parents' "modeling." Children observe how their parents act (swear, help others, procrastinate) and imitate them.

ADOLESCENT'S WORLD (III.10)

Purpose:

To alert parents to influences on their children's attitudes that may be in competition with parental values.

Materials:

Tape recordings of music, album covers (relevant to the group), TV magazines, and magazines for teenagers.

Time: 30-45 minutes

Procedure:

Divide parents into groups. Each group will be responsible for scrutinizing a particular environmental influence on teenagers' attitudes toward sex. Allow approximately 20 minutes.

> Music: Play tape recordings of various popular songs. Display album covers. Ask parents to listen carefully to the words, and to think of examples of pressure adolescents receive from their peers.
> Television: Display "TV Guide" magazine and other television star and soap opera magazines. Ask parents to discuss their child's favorite TV programs. What messages do the children get from the show and commercials? Ask parents to discuss what they would do if they feel a particular program is not good for their child to watch, and whether it is all right for parents to watch a program if they tell their children they may not see it.
> Magazines: Provide various popular magazines for teenagers. Ask parents to scrutinize advertisements, contents of articles, photographs, etc.
> Movies: Provide advertisements about films, particularly those geared to adolescents. What is being used to draw adolescents to see a show? What values are portrayed?

When the groups are finished, invite someone from each group to present highlights of his or her group's discussion. Point out the environmental pressure for adolescents to become sexually active. Ask for additional influences.

Discussion Points:

1. What messages are presented in media aimed at adolescents?
2. What do you think about these messages?
3. What impact might they have on your children?
4. Have you tried to censor your teenager's choice of records, TV shows, etc? What happened?
5. In what ways can you use these as an opportunity to teach or discuss values?

SIAHAN (III.11)

Purpose:

To raise parents' consciousness about the daily interactions that can interfere with a child developing a positive sense of sexuality.

Materials:

Two sheets of paper with the word SIAHAN (SIAHAN sign), one with one corner of the paper torn off.

Time: 15-20 minutes

Procedure:

SIAHAN stands for "Sexually I Am Healthy And Normal." Choose the version of the SIAHAN story that is appropriate for your group. Read it dramatically. Each time the word "rip" appears, rip off a piece of the sign. At the end of the exercise, hold up the duplicate sign that has one piece torn off. (Original idea: Jack Osman and Deborah Roffman.)

For Parents of Young Children: SIAHAN Version 1

This is a story about a little girl named Sally and about one of her most prized possessions - her SIAHAN sign. When Sally was born, she was just like the rest of us. She came equipped with a sign called a SIAHAN. SIAHAN stands for "Sexually I Am Healthy And Normal."

Because it was invisible, her parents, even the doctor who examined her, were not aware that it was there. Nevertheless, it was all shiny and new. As a matter of fact, as the days passed and as her mother, father, and grandmother rocked her, sang to her, bathed her, stroked her, and loved her, her SIAHAN sign actually grew a little bit bigger and a little stronger each day. One day when Sally was about a year old and she was lying on her changing table exploring her body, she happened to discover her clitoris. She stroked it and patted it and rubbed it, and boy did it feel good. But something happened! Mommy came along and slapped her hand. At first Sally couldn't understand. Mommy had always seemed so pleased before when she had discovered a new part of her body. As time went on though, and as this happened over and over again, Sally began to finally get the message. There was something very different, maybe even very wrong about this part of her body. And just as she realized this - guess what happened - a tiny piece of her SIAHAN sign fell crashing to the floor, never to return again. (rip)

After this things went along pretty smoothly for Sally, for awhile. Then one day when she was about 4 years old she and her friend Timmy were down in the basement playing doctor. Sally took her turn first. She had been wondering what was under his pants ever since the day his zipper had come undone at school and all the girls had giggled about it. (rip) Suddenly, along came Daddy. When he saw what they were doing his face got all red and contorted. He covered up Timmy immediately; told him to go home and not to come back, and warned Sally that something awful

would happen to her if she ever did anything nasty like that again. (rip)

Later on that same day, when Sally was outside playing with her brother Billy's new fire truck, her grandmother came by. Grandmother took one disapproving look at what Sally was doing and told her to go in the house immediately and get the doll she had given her for her birthday. "That's what little girls should play with," Grandmother said. (rip) Poor Sally! As she walked dejectedly into the house, Grandma called out to her, "pull your dress down and cover your panties." (rip)

Once inside the house, Sally bumped into her mother and that reminded her what she wanted to ask her about a word she heard on the playground that morning. But when she asked Mommy to explain it to her, the shocked expression on her Mom's face somehow told her she had goofed again. Instead of answering her, Mom just yelled and told her never to use that nasty word in front of her again. (rip)

Boy, was Sally upset. There was that word "nasty" again in that same tight-lipped expression she had seen on Daddy's face earlier. Now she really wanted to know what all the fuss was about. So she decided to ask her big brother John.

She found him upstairs lying on his bed reading a magazine. She knew that was what he was doing because his door had been locked and because he hid the magazine under his pillow as soon as she came into the room. (rip) When she asked about the word, his stern big brotherly voice said, "You're too young to know about stuff like that - get lost." (rip)

That night when Sally went to bed she noticed that Daddy kind of gave her a funny look when he kissed her goodnight and that he did not hug her quite as tightly as he usually did. (rip) She fell asleep wondering why, but something deep down under her SIAHAN sign told her that there were certain things that she'd better not ask or let mother and daddy know about it ever again. (rip)

Later while Sally slept, her SIAHAN grew stronger and bigger (they're really pretty hearty you know). But it had been such a hard day that when Sally went to pin her sign back on the next morning another tiny piece was gone - maybe forever. (Hold up the sign with one piece torn off.)

<u>For Parents of Puberty-Aged or Adolescent Children: SIAHAN Version 2</u>

This is a story about a young woman named Sally and one of her most prized possessions, her SIAHAN sign. When Sally was born, she was just like the rest of us. She came equipped with a sign called a SIAHAN. SIAHAN stands for "Sexually I Am Healthy And Normal." Because it was invisible, her parents, even her friends and other relatives, were not aware that it was there.

However, as Sally grew older and older, strange things began to happen to her SIAHAN sign. When she turned 11, she had a very scary experience. She went to the bathroom and to her horror found a spot of blood on her panties. She couldn't imagine what had gone wrong. Maybe she had hurt herself riding her bike. What could she do? In the midst of her confusion, a piece of her SIAHAN sign fell crashing to the floor. (rip)

Sally finally found the courage to tell her mother what had happened. Her mother said, "You silly girl. You've just started your menstrual period. It happens to all women. We just have to bear it. Now you are a young lady; so you have to start

acting like one. No more playing around with boys. If you keep it up, you'll surely get in trouble." Sally was confused. How would she get in trouble? All she knew was that she was sorry that this was happening to her. (rip)

Later that year, Sally's class had a presentation on careers. Of all the different occupations that she heard about, she liked medicine the best. She came home and told her father that she wanted to become a doctor. He said, "Oh, you silly girl. Do you know how much time it takes to become a doctor? Don't you want to have time to be a mother, too? I think you had better consider something else." (rip)

The next year Sally was only 12, but her body was practically fully developed. The boys in her seventh grade class constantly teased her. Whenever the kids whispered about sex, they always pointed at her and laughed. The boys made jokes about her full breasts and sometimes even tried to touch them! She wanted to die! If only she could be flat chested like the other girls in her class. (rip)

As Sally got older she still had questions about her body. Why didn't she look like the actresses in the movies and models in magazines? It was hopeless. (rip)

Now the boys had grown much taller and seemed less childish. One boy, Mike, was really cute. She hoped that one day he would notice her and ask her out. Finally, he did. As they spent more and more time together, Sally and Mike fell in love. Sally had never felt this way before. Sometimes, when they kissed, she would tingle all over. She wanted to discuss these feelings with someone. When she tried to bring the subject up with her mother she was yelled at. Her mother asked her 50 questions about what she and Mike were doing. She said she was going to stop them from seeing each other, adding that if she brought a baby into the house, both of them would have to get out. (rip) Sally couldn't believe it. She had just wanted to talk over her feelings with her mother. Now she knew that sex was something that she should not talk about at home. (rip)

By the time Sally became an adult, she had learned enough good information about sex on her own to repair her SIAHAN sign somewhat. However, there were some big pieces that were missing forever. (Hold up the sign with one piece torn off.)

Discussion Points:

1. Have parents react to the story. Review the behaviors that damaged the SIAHAN sign.

2. Ask parents to think of other subtle negative influences on a child's sexuality. (This exercise assumes the value that sexuality is a positive aspect of a person's existence.)

HOMEWORK:

EVALUATING FEELINGS (III.12)

In the following self-evaluation, please try to describe how comfortable or uncomfortable you would be dealing with the following situations. Rate yourself by circling 1 to 5 depending on your comfort level for each question. If you want to, share your responses with your partner.

very uncomfortable	somewhat uncomfortable	fairly comfortable	somewhat comfortable	very comfortable
1	2	3	4	5

	very uncomfortable				very comfortable
1. How would you feel describing intercourse to your child?	1	2	3	4	5
2. How would you feel if you discovered your child masturbating?	1	2	3	4	5
3. How would you feel describing the birth process to your child, including delivery and how the baby comes out of the woman?	1	2	3	4	5
4. How comfortable would you be if your child saw you nude?	1	2	3	4	5
5. How would you feel describing the menstrual cycle to your son?	1	2	3	4	5
6. How would you feel describing the menstrual cycle to your daughter?	1	2	3	4	5
7. How do you feel when hugging, kissing, and showing affection to your spouse when your children are present?	1	2	3	4	5
8. How would you feel if you discovered your 5-year-old daughter playing doctor with the 5-year-old neighbor boy?	1	2	3	4	5
9. How would you feel about approaching your son after you find out he is having wet dreams?	1	2	3	4	5
10. How would you feel describing wet dreams to your daughter?	1	2	3	4	5
11. How would you feel if your child asked you or your spouse what sanitary napkins or tampons are used for?	1	2	3	4	5

(Source: Planned Parenthood of Wisconsin, Dodge Chapter.)

HOMEWORK:

GUIDELINES FOR PARENTS (III.13)

A. Become familiar with your children and their environment -- their jokes, the TV and news programs they see, and their music. This will better enable you to teach your child about human sexuality. For example, you watch a T.V. program together. You could ask your child:

- How do you feel about that?
- What do you think that person should do?
- How do you think you would solve that problem?
- Do you think that would happen the same way in our family? What differences do you see?

B. Listen when your children ask questions. Be attentive, look at them, stop other activity.

C. Give information clearly and correctly. If you don't know, find out. If you feel uneasy, share your feelings with your child.

D. Let your child lead the conversation.

E. If a child asks a question, don't worry about whether the child is too young to know the answer. They understand what they are ready to understand. However, answer at the child's level of understanding and ask for feedback to make sure the child does not leave with harmful distortions.

F. Have a variety of books, pamphlets, and other resources available around the house -- some that you can give to your children, some that they can pick up to read, and some that you would find helpful in answering your own questions.

G. View your child as a whole person. The better children feel about themselves, the more likely they are to act in a responsible way.

H. Remember, education about sexuality is a life-long process, not something that will be accomplished in one conversation.

Supplement 1

BILL OF RIGHTS

FOR PARENTS WHO WANT TO BE EFFECTIVE SEX EDUCATORS

1. Mothers and fathers involved with childrearing should play an active role in the sex education of their children.
2. Parents don't have to be experts on sexuality.
3. Parents have a right to set standards for conduct in the family.
4. Parents have the right to express feelings and attitudes about sexuality to their children.
5. Parents have a right to privacy.
6. A child has a right to have opinions about family standards.
7. A child has a right to discuss sex with his/her parent(s).
8. A child has a right to sexual knowledge.
9. A child has a right to privacy.
10. A child shouldn't be punished for his or her feelings.

Supplement 2a

SITUATION: PLAYING DOCTOR

A parent sees his/her child "playing doctor" with a friend, but remains unnoticed by the children. What happens if the parent:

1. Reprimands both children and sends the friend home?

2. Uses the opportunity to tell the children about sexual anatomy?

3. Tries to distract the children with another activity?

4. Sends the friend home and discusses the situation with his/her own child?

5. Allows the activity to go on and discusses it with his/her own child later?

6. Ignores the entire event?

Supplement 2b

SITUATION: MASTURBATION

A parent discovers his/her 5 year old child playing with his/her genitals. What happens if the parent:

1. Firmly tells the child that such activity is to be done in private and not in public?

2. Slaps the child's hands and explains that such activity is dirty?

3. Ignores the situation?

4. Tries to distract the child with another activity?

Supplement 2c

SITUATION: BEDROOM

A child wanders into the bedroom while his/her parents are having sexual intercourse. What happens if his/her parents:

1. Become angry and tell the child to get out?

2. Pretend nothing has happened, but feel guilty and responsible for the situation happening?

3. Ask the child to leave and tell him/her that there will be an explanation later?

4. Invite the child in and explain about privacy and then ask the child to leave?

5. Invite the child in and explain what they are doing?

Supplement 2d

SITUATION: SWEAR WORD

A young child comes home from school and uses a swear word. What happens if his/her parents:

1. Get upset and tell the child never to use that word again?

2. Ignore the word?

3. Explain the word to the child without repeating it?

4. Explain what the word means and how they feel about its use?

5. Laugh?

6. Calmly tell the child never to use such language?

7. Punish the child?

Supplement 3a

SITUATION: WET DREAM

A parent finds his/her son, looking guilty and embarrassed, stuffing his sheets into the washing machine. What happens if the parent:

1. Accuses the child of wetting the bed?

2. Ignores the situation?

3. Asks the child if he is having wet dreams?

4. Lets the situation pass and later brings up a discussion of wet dreams?

Supplement 3b

SITUATION: MAKE-OUT PARTY

A parent interrupts a party of 12-year-olds; the lights are out and couples are kissing and hugging. What happens if the parent:

1. Ignores the situation?

2. Turns the lights on and sends everyone home?

3. Takes his/her child aside and discusses the situation, then requests that lights be left on?

4. Distracts the children with another activity like serving refreshments?

5. Ignores the situation and discusses it with the child the next day?

Supplement 3c

SITUATION: MENSTRUATION

A parent recognizes that the daughter will soon go through puberty. The parents want to prepare their child for menstruation. What happens if:

1. One of the parents gives the daughter a book about menstruation?

2. Both parents have a discussion about puberty with their daughter?

3. The mother buys her daughter supplies but does not discuss it?

4. The mother tells her daughter that she will soon begin to menstruate and that if she has any questions, she is welcome to come to her to discuss them?

5. The father briefly discusses puberty with his daughter and then goes to the drug store with her to buy supplies and encourages her to ask questions?

Supplement 3d

SITUATION: DAUGHTER'S CONTRACEPTION

While cleaning up the 16-year-old daughter's room, a parent finds birth control pills. What happens if the parent:

1. Punishes the child with a 9:00 curfew for 1 month?

2. Yells at the child, asking, "Where have we gone wrong?"

3. Pretends that nothing was found?

4. Calmly discusses the responsibilities of sexual behavior and birth control?

5. Calmly discusses how the daughter has disappointed the parents?

6. Congratulates the daughter for having the good sense to use birth control?

7. Discusses the morality of sexual activity?

Supplement 3e

SITUATION: SON'S CONTRACEPTION

While cleaning up the 16-year-old son's room, a parent finds comdoms. What happens if the parent:

1. Punishes the child with a 9:00 curfew for 1 month?

2. Yells at the child, asking, "Where have we gone wrong?"

3. Pretends that nothing was found?

4. Calmly discusses the responsibilities of sexual behavior and birth control?

5. Calmly discusses how the son has disappointed the parents?

6. Congratulates the son for having the good sense to use birth control?

7. Discusses the morality of sexual activity?

Unit IV

VALUES

OVERALL GOAL:

To help parents explore their values about sexuality issues and how to impart them to their children.

RATIONALE:

Parents who wish their children to understand and to incorporate their values about sexuality must be clear about what they believe. Their task is especially difficult today because children are bombarded with information, misinformation, contradictory societal values and expectations; children get the message from television, popular magazines, movies, and advertising all around them that sex is fun and free and everpresent. They see stereotyped views of males and females everywhere they turn.

This session provides a forum which supports parents' efforts to explore their own values in greater depth so that they will be better able to discuss them with their children. Parents find it helpful to discover (1) that their values are respected by other parents and by the facilitator; (2) that other parents have different perspectives; and (3) that it is normal to be ambivalent or inconsistent about values.

BEHAVIORAL OBJECTIVES:

1. To consider and explore parents' attitudes about sex-related topics. (Activities IV.1, 4-15, and 17-20)

2. To learn how children develop moral reasoning. (Activity IV.2)

3. To discuss ways parents can impart their values to their children. (Activities IV.3, 8, and 17-20)

4. To examine societal influences on adolescents. (Activities IV.17 and 19)

UNIT IV OVERVIEW

Name of Activity	Estimated Minutes	Type of Activity	Materials Required	Age of Children	Page No.
1 Letter from College	10-15	Lecture	None	12-18	105
2 Development of Moral Reasoning	15-30	Presentation	None	3-11	107
3 Values List	20-30	Exercise	Newsprint	3-18	110
4 Beth and David	30-45	Exercise	3x5 Cards	12-18	111
5 Voting on Values	20-40	Exercise	None	3-11 & 12-18	113
6 Planet X	30-45	Exercise	Newsprint	3-18	115
7 Attitudes Toward Abortion	20-30	Exercise	Supplement 1	12-18	116
8 Teenagers and Sexual Expression	30-45	Exercise	Supplement 2	12-18	117
9 Values Checklist	30-45	Exercise	Supplement 3	3-11 & 12-18	118
10 How Would I Feel If ...	25-30	Exercise	Supplements 4 & 5	3-11 & 12-18	119
11 The Nurse's Dilemma	10	Exercise	None	3-18	120
12 Just Imagine	20-30	Reading	Supplement 6	3-18	121
13 Sex (Gender) Roles	20-35	Exercise	Supplement 7	3-18	122
14 Film: Sex Roles	30-45	Film	Projector	3-18	123
15 Gender Role Assessment	20-30	Exercise	Supplement 8	3-18	124
16 Killing Us Softly	50	Film	Projector	3-18	125
17 Who's Responsible?	30-45	Exercise	Newsprint	12-18	126
18 Film: Adolescent Sexuality	40-60	Film	Projector	12-18	128
19 Film: Adolescent Dilemmas	30	Film	Projector	12-18	129
20 Homework: What are Your Views?	15	Exercise	Handout	12-18	130

LETTER FROM COLLEGE (IV.1)

Purpose:

Warmup activity to help parents gain humor and perspective about raising adolescents.

Materials: None

Time: 10-15 minutes

Procedure:

Introduce this session by emphasizing that its purpose is not to persuade parents to support any particular values, but rather to encourage them to think through their own personal values and attitudes. Read the "letter from college."

Dear Mom and Dad,

It's been 3 months since I left for college. I have been remiss in writing and I am very sorry for my thoughtlessness in not having written before. I will bring you up to date now, but before you read on, please sit down. You are not to read any further unless you are sitting down. OK?

Well, then, I am getting along pretty well now. The skull fracture and concussion I got when I jumped out of my dormitory window when it caught fire shortly after my arrival is pretty well healed now. I only spent 2 weeks in the hospital and now I can see almost normally and only get these sick headaches once a day.

Fortunately, the fire in the dormitory and my jump was witnessed by an attendant at the gas station near the dorm, and he was the one who called the fire department and the ambulance. He also visited me in the hospital and since I have nowhere to live because of the burnt-out dormitory, he was kind enough to invite me to share his apartment with him. It's really a basement room but it's kind of cute. He is a very fine boy, and we have fallen deeply in love and are planning to get married. We haven't set the exact date yet, but we will before my pregnancy begins to show.

I know you are looking forward to being grandparents and I am sure you will welcome the baby and give it the same love and devotion and tender care that you gave me when I was a child. The reason for the delay in our marriage is that my boyfriend has a minor infection that prevents us from passing our premarital blood tests, and I carelessly caught it from him. This will soon clear up with the penicillin injections I am taking daily.

I know you will welcome him into our family with open arms. He is kind and, although not well educated, he is ambitious. Although he is of a different race and religion than ours, I know by your expressed tolerance that you will not be bothered by that fact.

Now that I have brought you up to date, I want to tell you that there was no dormitory fire. I did not have a concussion or skull fracture. I was not in the hospital and I am not pregnant. I am not engaged, do not have a disease, and there is no miscegenation in my life. However, since I am getting a "D" in history and an "F" in science, I wanted you to see these marks in proper perspective.

Hope you are both well. I will try to get home soon.

Your loving daughter,

Sue

Discussion Points:

1. Ask parents for comments.

DEVELOPMENT OF MORAL REASONING (IV.2)

Purpose:

To help parents understand how their children develop morals.

Materials: None

Time: 15-30 minutes

Planning Note:

For more extensive coverage of this topic, see Kohlberg, L. (Appendix B).

This material may be threatening to fundamentalist groups such as those that believe in an angry, vindictive God. Give this presentation only if your group is interested in exploring the development of morals.

Procedure:

Introduce this session by explaining that you will present the theories of L. Kohlberg, a renowned psychologist, about how children develop morals. While this theory has some empirical support and is consistent with popular theories of cognitive development, it is still a theory.

General Information

1. Moral development occurs as a series of cognitive stages. To determine a person's stage of development, one looks at his/her judgments rather than at behaviors or outcomes.

2. All children begin at the first stage, and move from one stage to the next. Two year old children tend to be at Stage 1; most 10-year-old children at Stage 3 or 4.

3. Few people reach Stages 5 or 6. Those who do rarely reach those stages before late adolescence.

4. Conflicts arise, however, when parents who are reasoning at Stage 5 or 6 discipline the sexual behavior of a child who is reasoning at Stage 1 or 2.

Levels and Stages

Level 1: Premoral Orientation - Child is aware of rules about good and bad behavior, but interprets them in terms of punishment and reward.

Stage 1: A child decides to behave in a certain way to avoid punishment.

Stage 2: A child decides to behave in a certain way because it will satisfy his/her needs.

Level 2: Conventional Morality - Child conforms to what others expect.

Stage 3: A child decides to behave in a certain way because he likes to be good and to get approval.

Stage 4: A child decides to behave in a certain way because he feels it is important to respect authority, to do one's duty, and to obey.

Level 3: Post-Conventional Morality - Person develops individual moral principles.

Stage 5: A person recognizes conventional morality but believes strongly in individual rights. Sometimes individual rights take priority over societal rules.

Stage 6: A person believes that individuals should be driven by their own consciences, and that there are rational, universal principles that should govern human behavior.

Dilemma 1

Sally and Joe are sister and brother. They attend the same elementary school. Sally is in 6th grade and a very good student. Joe is in 4th grade and a poor student. Their parents are upset with Joe and are considering prohibiting television and his soccer league.

Sally's teacher sends her to Joe's classroom to get extra chalk. Joe's class is outside for recess. Sally sees copies of a test his class will be given the next day. Sally thinks about taking one copy for Joe.

Ask parents, "What does she do? Why?" After parents have discussed their reasons, provide this stage-by-stage description:

Stage 1: Sally does not take the test because she is afraid she'll be caught and have to stay after school.

Stage 2: Sally does not take the test because she likes getting all the praise from their parents and doesn't want to share it with Joe. Or, Sally steals the test because her brother will then do favors for her.

Stage 3: Sally does not take the test because she considers herself a good girl. She returns home and immediately reports to her parents what a good girl she was. Or, Sally steals the test because her friends think it is "cool." She tells all of her friends and gets lots of praise.

Stage 4: Sally does not take the test because it's against the school rules. She feels it is very important to obey teachers because they are the authority.

Dilemma 2

Tom and Suzie are "playing doctor" at Tom's house. They are upstairs in Tom's room. Tom's parents are downstairs watching television in the living room. Billy arrives to play with Tom and Suzie. Tom's mother sends him upstairs. Tom and Suzie are pleased to see Billy and ask him to be their patient.

Ask parents, "What does Billy do and why?" Remind parents that younger children are at Stage 1 and only older children reach the later stages. After they have discussed their reasons, provide these stage-by-stage descriptions:

Stage 1: Billy might say he doesn't want to play because he's afraid he'll be caught and punished. Or, Billy might play because if he doesn't Tom and Suzie won't want to play with him again.

Stage 2: Billy might decide not to play because he thinks the game is boring or that it's fun only if you get to be the doctor. Or, Billy might decide to play because it's fun.

Stage 3: Billy decides not to play because his mother told him good boys don't do such things. He goes home, tells his mother what happened, and gets a big hug and kiss for being such a good boy.

Stage 4: Billy decides not to play because he learned that such a game is not allowed in his religion. He values religious education and believes it is his duty to obey God's laws.

Discussion Points:

1. Can you remember something your child did which reflects Stage 1 reasoning? Stage 2 or 3?

2. How did you respond?

3. Would you respond differently to a child reasoning at Stage 3 than at Stage 2?

VALUES LIST (IV.3)

Purpose:

To help parents identify the values they would like to communicate to their children.

Materials: Newsprint, magic markers

Time: 20-30 minutes

Procedure:

Divide the class into groups of five. Ask each group to list on newsprint the sexual values that are important in their own lives. Instruct the groups to choose values from these lists that they would like to pass on to their children. At some point in the discussion, have the groups list values they agree on. Have groups post both lists and discuss them.

Discussion Points:

1. What values are you most concerned that your children adopt?
2. In what ways do you already communicate these values to your children?
3. Can you think of additional ways to get the message across?

BETH AND DAVID (IV.4)

Purpose:

To help parents explore their attitudes about sexual responsibility and communication.

Materials: Index cards and pens

Time: 30-45 minutes

Procedure:

Tell parents that you are going to read them a story about five people. Explain that they are to rank the characters from 1-5, with 1 being the character they liked least and 5 being the character they liked most. Let parents know that this activity will help them consider their own values concerning relationships and sexual responsibility. Pass out index cards and pens to each person. Read the following story:

> David and Beth are engaged to be married. David is an apprentice in a 2-year school in California. Beth is in college in Pennsylvania, and shares a class with Carl. She and Carl become good friends and eventually sleep together. Beth decides she doesn't feel right about having intercourse with Carl and discusses it with him. They decide to stop.
>
> Some time passes. Carl tells Beth he is driving to California at spring break. Beth asks Carl to take her along, so she can see David. Carl says, "Okay, but remember we'll be on the road 3 nights."
>
> Beth is uncertain what to do. She talks to her close friend, Ann, about it. Ann says "Do what you think is best." Beth decides to go with Carl. Meanwhile, David has been dating a girl who lives near him in California.
>
> When Beth gets to California she tells David about her relationship with Carl. David gets angry and breaks off the engagement because he feels he can't trust her.
>
> Beth returns home where she soon meets Edward. She is still upset over the situation and confides in him, telling him all. Edward asks her to come live with him.

Now read the list of characters:

David . . . . . Beth's fiance
Beth . . . . . David's fiancee
Carl . . . . . Beth's college classmate
Ann . . . . . Beth's close friend
Edward . . . . Beth's new acquaintance

Ask parents to think about each character. Who did they like? Who didn't they like? Rank the characters 1-5 on index cards.

List the characters on newsprint or a blackboard. Ask parents to vote on who they liked best, least, etc. Encourage participants to explain how they made their choices. Allow time for discussion.

Discussion Points:

1. Point out the assumptions that individuals may have made about the characters. Someone may have assumed, for example, that Carl was asking Beth to have sex with him when he said, "Remember, we'll be on the road 3 nights."

2. What character would you like most as your own child? Least?

3. How have you or will you influence your children's values about sexual responsibility?

VOTING ON VALUES (IV.5)

Purpose: To help parents explore their own sex-related values.

Materials: None

Time: 20-40 minutes

Procedure:

Instruct parents that you will read a series of value statements. They are to indicate how they feel on each position by "thumbs-up" (agree), "thumbs-down" (disagree), "shake hands" (maybe), and "arms folded" (no comment). After each statement, give parents an opportunity to defend their positions. Make sure that a variety of values are represented.

Examples for parents of young children:

a. Boys should not be given dolls.

b. Little girls are easier to discipline than little boys.

c. Nursery and elementary school teachers should answer children's questions about sex.

d. Homosexuals should not be allowed to teach school even if they keep their private lives to themselves.

e. Children don't have sexual feelings until they reach adolescence.

f. Mothers should teach their girls to be ladies.

g. Basic sex education is best started at age 10.

h. I want my son to be able to cook and wash clothes.

i. Parents should initiate discussions about sex even if their children don't ask questions.

j. Masturbation is more normal for boys than for girls.

Examples for parents of adolescents:

a. Birth control should be the woman's responsibility.

b. Minors should be able to get birth control without notifying parents.

c. Our government should pay for birth control methods for everyone who wants them.

d. Parents should be the only ones allowed to give sex information to their children.

e. Birth control information should be available to all high school students.

f. I want my daughter to be a virgin when she graduates from high school.

g. Men and women should share household responsibilities.

h. Women should stay home to raise their children.

i. Girls should not ask boys out on dates.

j. Both men and women should feel free to initiate sex.

k. Homosexuals should not be allowed to teach school.

l. I would allow my child to be vaccinated against sexually transmitted diseases.

m. I want my son to be a virgin when he graduates from high school.

Discussion Points:

1. How did you feel about taking a stand on these issues?

PLANET X (IV.6)

Purpose:

To help parents consider what sex-related behavior society should control with laws.

Materials: Newsprint and magic markers

Time: 30-45 minutes

Procedure:

Tell parents that you want them to participate in a social experiment. Divide them into small groups. They are being sent to develop a colony on Planet X where there are no laws. Their task is to develop a set of laws to govern sex-related behavior -- marriage, non-marital sex, homosexuality, specific sexual acts, etc. Give each group a sheet of newsprint and a magic marker. Ask one person to be recorder. After 15-20 minutes ask the recorders to describe the laws that their groups established and why they established them.

Discussion Points:

1. What sex-related behavior is it necessary to control? Why?

2. Who in our society needs to be protected?

3. Is sex just for pleasure acceptable?

4. Are there any laws in our society that you disagree with?

ATTITUDES TOWARD ABORTION (IV.7)

Purpose: To help parents consider their attitudes toward abortion.

Materials: "Attitudes Toward Abortion" (Supplement 1)

Time: 20-30 minutes

Planning Note:

This exercise is useful with a wide range of parent groups if the leader makes it clear that s/he is not promoting a position on abortion, rather is interested in helping participants explore their own positions. Before using this exercise, carefully assess your group to ascertain whether this exercise would be divisive rather than helpful.

Procedure:

Ask parents to read each of the vignettes and decide whether they feel the woman should get an abortion or not. Remind them that choosing an abortion does not necessarily mean they are happy about it or have no feelings about it, but rather that they feel it is the best choice under the circumstances.

You as facilitator must not support any particular position.

Discussion Points:

1. How many said yes to all the women? How many said no to all?

2. How many said yes to some and no to some?

3. Why did you take a particular position?

TEENAGERS AND SEXUAL EXPRESSION (IV.8)

Purpose: To explore parents' attitudes toward adolescent sexual behavior.

Materials: "Teenagers and Sexual Expression" (Supplement 2)

Time: 30-45 minutes

Procedure:

Introduce this session as follows: "Many parents admit that they fear the teenage years the most, especially the risk of their child having an unwanted pregnancy. Let's focus on three teenage couples attempting to balance their sexual drives with their fear of pregnancy."

Ask parents to form small groups and to indicate their level of approval or disapproval for each situation twice: once as though the girl was their daughter, once as though the boy was their son. Have participants discuss their reasons for the way they feel. Encourage them to debate if they disagree.

Reconvene the large group, asking someone from each small group to report their discussion.

Discussion Points:

1. Summarize feelings that surfaced during the exercise.

2. Ask parents to start thinking about how and when they would express their strongly held values to their children.

3. Suggest that parents take this activity home to do with their teenage children.

VALUES CHECKLIST (IV.9)

Purpose:

To help parents become clear about what they consider acceptable behavior for boys and for girls at different ages.

Materials:

"Values Checklist" (Supplement 3a for parents of young children, 3b for parents of adolescents).

Time: 30-45 minutes

Procedure:

Introduce this session in this way: "I would like to push you to be even more specific about your values. Let's try yet another exercise, to sort out what is okay and what is not okay in your family."

Distribute the "Values Checklist" and ask parents to fill it out. They should respond as if the children were their own, even if they don't have children of each sex. Ask participants to choose a partner and share with each other as much as they feel comfortable with. Stress that they don't have to reveal their answers.

Discussion Points:

1. Is your attitude about a specific behavior a deeply held value, or a carryover from what your own parents would have said?

2. How do your attitudes affect the way you discuss sexuality with your friends? Your children?

3. How do you react to people who have indicated different levels of acceptance for some items?

"HOW WOULD I FEEL IF ..." (IV.10)

Purpose:

To help parents think about how they would feel about various situations with their children.

Materials:

"How Would I Feel If ..." (Supplement 4a for parents of young children, 4b for parents of adolescents) and "Feeling Words" (Supplement 5).

Time: 25-30 minutes

Procedure:

Distribute Supplement 4a or 4b and ask parents to complete it describing their own feelings. Explain the difference between thoughts and feelings and ask parents to give examples of feeling words. Pass out Supplement 5.

Ask the parents to form groups of three and share attitudes and stories about these situations. Encourage parents to imagine how they would respond and what their children would do. Bring the group back together and ask participants to share their attitudes and methods of responding to these situations. Emphasize that many of their concerns are realistic. Show respect for any feelings parents express in the group.

Discussion Points:

1. When faced with a situation, can you have more than one feeling about it?
2. Where does your reaction come from? Your parents? Church?
3. Are you afraid your child will embarrass you or be emotionally or physically hurt? The point is to become a bit clearer about what we fear so we can examine the fear to see if it is realistic.

THE NURSE'S DILEMMA (IV.11)

Purpose:

Warmup activity to help parents recognize the prevalence of sex-role stereotyping.

Materials: None

Time: 10 minutes

Procedure:

Read the following story to the class. Don't tell them it has to do with sex-role stereotyping. Ask parents who already know the answer to keep it to themselves.

> A mother and her daughter were driving to a ballet performance. On the way, they were in an accident. The mother was killed and the daughter was brought into the emergency room of the local hospital. Nurse Jones was called in to treat the girl. The nurse took one look at the girl and said, "I can't treat this girl, she's my daughter!" How is this possible?

Encourage parents of adolescents to tell the story to their children.

Discussion Points:

1. What makes it difficult to get the answer immediately? Did it take you long to get the answer?

2. Does the story make any other assumptions about the role of women?

JUST IMAGINE (IV.12)

Purpose: Warmup activity to introduce sex-role stereotyping.

Materials: "Just Imagine" (Supplement 6)

Time: 20-30 minutes

Procedure:

Read the "Just Imagine" story out loud and ask parents to share their thoughts about it. Alternatively, distribute copies of the story for them to read outside of class.

Discussion Points:

1. What do you believe are appropriate roles for men? For women?
2. What were you taught by your parents? By your religion?
3. Point out that society has changed since parents were young. For example, Saturday morning cartoons now depict female superheroes.

SEX (GENDER) ROLES (IV.13)

Purpose: To help parents explore their attitudes about sex roles.

Materials: "Answer sheet" (Supplement 7)

Time: 20-35 minutes

Procedure:

Distribute Supplement 7. Read each word and ask parents to quickly decide whether they think it is a masculine or feminine trait, and to mark their decision "M" (masculine) or "F" (feminine) on the answer sheet. Tell parents to mark their first reaction, not their educated, thoughtful response. Have the group discuss their responses. Be careful not to endorse any sex roles, stereotyped or nonstereotyped. Let the parents set the tone.

Discussion Points:

1. Do you see one sex having more positive traits than the other?

2. Do you personally have both masculine and feminine traits?

3. Do you ever envy the opposite sex for their freedom to exhibit a characteristic trait or emotion?

FILM: SEX ROLES (IV.14)

Purpose:

To help parents explore attitudes toward sex roles and to help them understand the origins of sex-role differences.

Materials:

Projector, screen and film: "Sex Role Development" [McGraw-Hill]; "The Time Has Come" [Third Eye World]; "Happy To Be Me" [Arthur Mokin Productions].

Time: 30-45 minutes

Procedure:

Introduce film and show it. "Sex Role Development" and "The Time Has Come" are most appropriate for parents of young children. "Happy To Be Me" is appropriate for all parents. See Appendix A for a description of each film.

Discussion Points:

1. How did you feel about the film?
2. Did your parents treat you in a specific way because of your sex?
3. How does your behavior differ with your daughter versus your son?
4. How would you want your male and female children to be different? To be similar?

GENDER ROLE ASSESSMENT (IV.15)

Purpose:

To help participants evaluate their own masculinity or femininity and recognize that people can have traits stereotypic of both sexes.

Materials: "Gender Role Assessment" (Supplement 8)

Time: 20-30 minutes

Procedure:

Distribute Supplement 8 and have group members rate themselves from 1-5 on each of the characteristics:

While they are working, draw two continua on the board:

not at all feminine	very feminine

not at all masculine	very masculine

When they have finished, point out that few people are exclusively masculine or exclusively feminine in their behavior. Masculinity and femininity are not at opposite ends of a continuum but rather constitute two different dimensions.

Explain that the Assessment is organized in groups of two characteristics: the first masculine and the second feminine. Ask them to sum their "a's" and "b's". If both a's and b's are high, the person is considered androgynous; that is, s/he holds both stereotypic male and stereotypic female characteristics. If a's are high and b's are low s/he holds stereotypic masculine characteristics; if a's are low and b's are high, feminine.

Discussion Points:

1. If you had completed this inventory 15 years ago, would your answers be different or similar? Why?

2. If you have a child of your sex, would his/her inventory be different or similar? Why?

KILLING US SOFTLY (IV.16)

Purpose:

To alert parents to the subtle ways in which children and adults are influenced by the media.

Materials: Slide projector, slide package "Killing Us Softly"

Time: 50 minutes

Procedure:

Begin the slides with no introduction. After you have finished, pause before turning on the lights, giving parents a chance to reflect. Then ask for general reactions.

Discussion Points:

1. What are the primary messages from the media?

2. What are the implications for parents' responsibilities?

WHO'S RESPONSIBLE? (IV.17)

Purpose:

To explore the roles of teenagers, parents, and helping professionals in preventing an unplanned pregnancy.

Materials: Newsprint and magic markers

Time: 30-45 minutes

Procedure:

Read the following story with feeling.

> This is a story about John and Donna. Donna is 15 and has been dating John for the last 2 months. John is 17 and will be going to college in the fall. Since the beginning of summer, the couple has become very close. Not only do they enjoy swimming and playing together, but they have been spending their evenings kissing and exploring each others' bodies. Donna was beginning to consider having sex with John even though she was afraid to. Before long, August had come and it was time for John to go off to college. On the night before he left, it just happened. They had sex.
>
> For the next 2 weeks Donna worried all day and night. Every time she went to the bathroom she checked her underwear for a sign of her period. Finally, she started menstruating. Donna vowed that she would not let that happen to her again. She would find out where she could obtain a method of birth control before John returned home. The first person that came to mind was her older sister Janet, aged 27, who was married and living in the same town. On her next visit to Janet she said, "Janet, you know that I've been seeing John... and... well we had sex and I worried all month that I was pregnant. I'm not, but I was wondering if you could tell me where I could get some birth control."
>
> Janet replied, "You did what? You ought to be ashamed of yourself. If I ever hear about you doing anything like that again, I'm telling Momma!"
>
> Donna was disappointed, but decided to try somebody else. Since starting back to school, she had developed a friendly relationship with her English teacher, Ms. Johnson. She decided to ask her for help. So the next day at school she stayed after English class to talk with Ms. Johnson. When she asked for information about birth control, Ms. Johnson replied, "Donna, I really would like to help you. Unfortunately, the school policy states that I cannot give you any such information."

Now Donna was extremely discouraged. She thought and thought and finally decided to call a doctor. She looked in the phone book and found a Dr. Jones. She called and made an appointment, stating that she was having a problem with her menstrual cycle. After her examination, Dr. Jones told Donna that everything was just fine. She said, "Well, Dr. Jones, since I'm here, do you think you could give me some information about birth control?"

He replied, "How old are you--15? I'm sorry, dear. Why don't you come back in a few years!"

At this point Donna was desperate. John was due home for vacation in a few days and she still had no birth control. It just wasn't fair. As a last resort, she considered her mother. Maybe she could get her nerve up to ask her for help. The next morning at the breakfast table she looked over at her mother and started to ask her, but the words just wouldn't come out. She got up quickly and rushed out of the house for school.

Two days later John arrived home on vacation. They were very happy to see each other again and made love several times. A month later Donna ended up back at the doctor's office with a positive pregnancy test.

Ask participants to form small groups. Ask them to think about the characters in the story. Rank from most to least who is responsible for Donna's pregnancy:

- Donna
- John
- Janet
- Ms. Johnson
- Dr. Jones
- Mother

Make sure that participants explain why they ranked the characters as they have. Emphasize that there are no "right" answers. Have each group report their conclusions.

Discussion Points:

1. What was the mother's responsibility in this situation?

2. How could John and Donna have taken more responsibility for their own behavior?

3. If Donna had come to you, what would you have told her?

FILM: ADOLESCENT SEXUALITY (IV.18)

Purpose:

To help parents explore their attitudes toward adolescent sexuality. To practice communicating attitudes related to adolescent sexuality.

Materials:

Projector, screen and film:
"Mother, May I?" [Shared Futures Films]
"It's Up To Laurie" [Centron Films]

Time: 40-60 minutes

Procedure:

Preview the films to decide which is most relevant for your group. Tell parents that you are going to show a film involving an adolescent girl and her family in which the teenage girl is making decisions about sexuality. After the film, ask parents how they would have handled each situation. If time permits, have parents roleplay one of the discussions about sexuality that came up in the film. If "It's Up To Laurie" is shown, make sure parents know that a conservative parenting style does not necessarily lead to an adolescent pregnancy.

Discussion Points:

1. What did you think of the lead in the film?

2. What did you think of the parents?

3. "It's Up To Laurie": Which parenting style most resembled your own?

4. What messages have you given your child about premarital sex, relationships, birth control, etc.?

5. Can your child come to you with questions? How have you communicated this?

6. Do you have different attitudes toward male and female children about premarital sex?

7. If "Mother, May I?" is shown, ask parents how they would continue the conversation with their children.

8. If the group is willing, have them roleplay this situation and others that come up.

FILM: ADOLESCENT DILEMMAS (IV.19)

Purpose:

To make parents aware of dilemmas facing preadolescents and adolescents. To help parents consider their role in problem solving.

Materials:

16mm projector, screen, and film:
- "Adrianne's Man" [Planned Parenthood of Memphis]
- "In Between" [Planned Parenthood of Memphis]
- "Wayne's Decision" [Planned Parenthood of Memphis]

Time: 30 minutes

Planning Note:

Preview films to choose the most appropriate film for your audience. "Adrianne's Man" and "Wayne's Decision" are more relevant for parents of adolescents. "In Between" is more relevant for parents of preadolescents. Since trigger films are so short, more than one could be shown during this session.

Procedure:

Introduce the film. Explain to parents that a trigger film is very short; the issue will be left unresolved. After the film, ask parents to speculate about what happens.

Discussion Points:

1. What do you think the teenager decides to do?
2. What would you want your child to do?
3. How might you discuss these issues with your child?

HOMEWORK:

WHAT ARE YOUR VIEWS? (IV.20)

Directions: Complete the following sentences. When you finish, talk about your responses with your partner or adolescent child. If they have also completed a sheet, have them share their responses with you.

Experiencing an unplanned pregnancy would be _____.

Abortion is _____.

Adoption is _____.

Being a single parent would be _____.

Being a teenage parent would be _____.

If my daughter got pregnant, I would _____.

If my son got someone pregnant, I would _____.

(Source: Abbey-Harris, N. and K.R. Todd, Saying Goodbye to the Birds and the Bees.)

Supplement 1

ATTITUDES TOWARD ABORTION

Consider the following situations. Assume that all of the women have gone to a clinic and requested an abortion. Decide for each woman whether you think she should get an abortion.

	YES	NO
1. Mary is married and in her late 20's. She wanted to wait another year before having her second child. She finds out she is 6-weeks pregnant.		
2. Gail has already had three abortions. She feels abortions are so easy, why take birth control. She is 2-months pregnant.		
3. Joan is married and pregnant. Her doctor told her childbirth would be particularly dangerous for her.		
4. Sue has just gotten over German measles. She now finds out she is pregnant.		
5. Sally has been told that her 3-month-old fetus will be born brain damaged.		
6. Tom and Jane are thinking about getting married. Jane becomes pregnant and Tom feels it is a trick to push him to get married sooner.		
7. Louise finds out she is 2-months pregnant. Exactly 2 months earlier she was raped.		
8. Ellen is 21 and unattached. She has a casual affair and becomes pregnant.		
9. Terry is 45. She has finished raising four children and finds out she's pregnant.		
10. Maggie is 13 when she first has sexual intercourse. She becomes pregnant the first time.		
11. 11-year-old Sandy is made pregnant by her uncle.		
12. Fran becomes pregnant with her third child in 4 years, a few weeks before her husband deserts her. She has no means of financial support.		

	YES	NO
13. Joe and Martha have a good marriage. Martha becomes pregnant. Even though the baby was an accident she wants to keep it. Joe doesn't.		
14. Marilyn and Frank have a good marriage. She becomes pregnant. He wants to keep the baby, she wants to have an abortion.		
15. Jim and Melinda have just reconciled and are getting along beautifully. Melinda finds out she is pregnant as a result of a brief affair after Jim had left her.		

Supplement 2

TEENAGERS AND SEXUAL EXPRESSION

Read each situation described below and think about how you would feel if the teenagers were your own children. Indicate your response using the following scale:

A - I feel OK about this behavior.

B - I am not sure how I feel about this situation.

C - I disapprove of this behavior.

1. Sue is 15 years old and Todd is 16. They have been dating steadily for about 7 months. They are both good students, responsible and mature for their age. At the end of a date, they regularly park in some secluded spot to neck. They have decided not to have sexual intercourse because they fear pregnancy and do not want to cause their parents any disappointment.

2. Jane is 17 and Mike is 18 years old. They are high school seniors. They have been dating steadily for 2 years and are talking about getting married some time after graduation when both have found jobs. At least once a week, they arrange enough time and privacy to have sexual intercourse, usually in Jane's home. They have chosen not to discuss their sexual intimacy with their parents. They feel this is their own private concern. Jane is using birth control pills.

3. Pam is 16 and Dave is 18 years old. They are both active, popular students, involved in a wide range of school activities. They have been dating each other steadily for 4 months. Their relationship is very relaxed and full of fun. Recently, they began having sexual intercourse, occurring in a variety of different places and usually unplanned. They enjoy their sexual adventuring very much. Pam uses foam and Dave sometimes also uses a condom. Pam plans to start taking the Pill. They do not consider this a permanent relationship. Dave is leaving for college in 5 months. Both have been sexually involved with one other partner prior to this relationship.

Supplement 3a

VALUES CHECKLIST
(For Parents of Young Children)

SD	D	N	A	SA
strongly disapprove	disapprove	neutral	approve	strongly approve

	Your Own Children							
	3-year-old		5-year-old		7-year-old		9-year-old	
	girl	boy	girl	boy	girl	boy	girl	boy
coed bathing								
playing doctor with opposite sex child								
asking questions about reproduction								
cross dressing								
masturbating								
kissing games with same sex child								
dressing up with jewelry and makeup								
wants to be nude at home								

Supplement 3b

VALUES CHECKLIST
(For Parents of Adolescents)

SD	D	N	A	SA
strongly disapprove	disapprove	neutral	approve	strongly approve

	Your Own Children							
	11-year-old		13-year-old		15-year-old		17-year-old	
	girl	boy	girl	boy	girl	boy	girl	boy
nudity at home								
exploring own body								
masturbation								
opposite sex holding hands								
coed parties								
kissing games								
kissing								
unchaperoned parties								
dating								
going steady								
petting								
sexual intercourse								
birth control								
virginity								
abortion								

Supplement 4a

HOW WOULD I FEEL IF...?
(For Parents of Young Children)

For each situation, write down three feelings you would have.

How would I feel if:

		A	B	C
1.	My child failed a grade in school?	_____	_____	_____
2.	I saw my son and another boy having a urination contest?	_____	_____	_____
3.	I found my neighbor's 7-year-old child masturbating?	_____	_____	_____
4.	My child complained the other children wouldn't let him/her play with him?	_____	_____	_____
5.	My daughter was playing doctor with other children in the neighborhood?	_____	_____	_____
6.	My son prefers to dress in girls' clothing?	_____	_____	_____
7.	My daughter thinks boys are better?	_____	_____	_____

Supplement 4b

HOW WOULD I FEEL IF...?
(For Parents of Adolescents)

For each situation, write down three feelings you would have.

How would I feel if:

	A	B	C
1. My teenage daughter told me she was sexually active and wanted me to help her get birth control?	_____	_____	_____
2. I just found out the guy who had been the football captain at my child's high school was homosexual?	_____	_____	_____
3. My teenage son was about to become a father?	_____	_____	_____
4. My daughter wanted to try out for the soccer team?	_____	_____	_____
5. My 16-year-old son told me that he was sexually active and wanted me to get him some condoms?	_____	_____	_____
6. My son wanted to date a girl of another race?	_____	_____	_____
7. My 15-year-old daughter wanted to attend an overnight coed party?	_____	_____	_____

Supplement 5

FEELING WORDS

amused
angry
annoyed
anxious
appreciative
ashamed
astonished
bored
calm
cheerful
contented
critical
delighted
depressed
disappointed
discouraged
disgusted
dissatisfied
eager
embarrassed
encouraged
envious
excited
frustrated
gloomy
grumpy
guilty
happy
hateful
indifferent
interested
irritated
jealous
loving
miserable
outraged
pleased
proud
relaxed
restless
sad
satisfied
scared
silly
supportive
surprised
tense
terrified
tired
vindictive
worried

Supplement 6

JUST IMAGINE

Imagine having a little boy in a land where the books had stories of girls doing exciting things while the boys watched or cried or needed help. When you watched TV, you saw a female Captain Marvel, a female Captain Kangaroo, and a female superheroine. By the age of 4, according to a Harvard study, you probably wanted to be a girl.

Your mother went to work everyday and you were with your father all day. His day was oriented around the time when your mother came home from work all tired. You got the impression that your mother was more important to your family than your father.

You were allowed to play active games, but not as much as your sister, and people smiled indulgently and called you a "tomgirl" and said it was a phase you would outgrow. Your father talked to you about the time when you would be grown up and be a "daddy" just like him and your mother told your sister about how she would grow up and have a "profession" just like she has.

When you went to high school, your counselor steered you toward a secretarial course, or if you went to colleges, into nursing, education, or social work, the three men's professions, or something else that would fit in with caring for your future family. If you were interested in mathematics or science, you were made to feel abnormal and discouraged from entering a female profession.

You always had trouble when applying for a job. You were told you would just get married and quit to take care of your home and your wife, or that you would quit when you started a family. If you protested that you would not quit working because of children, they made you feel guilty by saying children suffer if they don't have a constant one-to-one relationship with their fathers in the early formative years. You were told that you were a risk because males are absent more than women, they have male troubles, and are more prone to ulcers, heart attacks, and make a bigger deal of being sick. They made sure you could type before they hired you and payed you less than your female colleagues who did the same work. You began to dislike your job and got married to escape the world of work.

Upon marriage, you changed your last name to your wife's last name so that everyone would know you were taken. You started your family and stopped working. For some reason, however, you began to feel tied down and unfulfilled, so you joined a men's club as an outlet for your creative energies. It didn't work. You felt unhappy, as if you were not all there, not all you could be. You were vaguely dissatisfied. Feeling restless and bored, you told yourself you should be happy. You read your men's magazines to find an answer; they suggested needlepoint.

You went to talk to a counselor. She very subtly urged you to accept your male role and suggested ways of being more masculine, which would satisfy your wife better and, therefore, make you happier. You went to a psychiatrist. She told you more of the same thing, but it cost you more money.

You began to talk to the other men in your men's club. They, too, were dissatisfied and had had the same experiences. You decided to use your group meetings to find ways to improve your lives. You called your wives in to help in this process because it seemed so natural to have female leadership.

Supplement 7

ANSWER SHEET

___ 1. adventurous
___ 2. aggressive
___ 3. big
___ 4. boss
___ 5. brave
___ 6. breadwinner
___ 7. cute
___ 8. dainty
___ 9. domineering
___ 10. dumb
___ 11. emotional
___ 12. foxy
___ 13. gentle
___ 14. gossip
___ 15. graceful
___ 16. hairy
___ 17. hard
___ 18. helpless
___ 19. hero
___ 20. independent
___ 21. innocent
___ 22. loud
___ 23. nagging
___ 24. giggly
___ 25. sexy
___ 26. soft
___ 27. strong
___ 28. sweet
___ 29. talkative
___ 30. tender
___ 31. tough
___ 32. wicked
___ 33. quiet
___ 34. sensitive
___ 35. clumsy

(Source: Abbey Harris, N. and K.R. Todd, Saying Goodbye to the Birds and the Bees)

Supplement 8

GENDER ROLE ASSESSMENT

This inventory presents 60 personality characteristics. Using a scale from 1 to 5, rate each characteristic according to how true it is of you:

1	2	3	4	5
NEVER TRUE	RARELY TRUE	SOMETIMES TRUE	USUALLY TRUE	ALWAYS TRUE

___ Worldly[a]
___ Submissive[b]
___ Defends own beliefs[a]
___ Independent[a]
___ Shy[b]
___ Athletic[a]
___ Affectionate[b]
___ Assertive[a]
___ Nurturant[b]
___ Strong personality[a]
___ Loyal[b]
___ Forceful[a]
___ Feminine[b]
___ Analytical[a]
___ Sympathetic[b]
___ Has leadership ability[a]
___ Sensitive to the needs of others[b]
___ Adventurous[a]
___ Understanding[b]
___ Makes decisions easily[a]
___ Compassionate[b]
___ Self-sufficient[a]
___ Eager to soothe hurt feelings[b]
___ Dominant[a]
___ Timid[b]
___ Rough[a]
___ Warm[b]
___ Outgoing[a]
___ Tender[b]
___ Aggressive[a]
___ Conforming[b]
___ Acts as a leader[a]
___ Childlike[b]
___ Individualistic[a]
___ Does not use harsh language[b]
___ Competitive[a]
___ Loves children[b]
___ Ambitious[a]
___ Gentle[b]

Unit V

COMMUNICATION SKILLS

OVERALL GOAL:

To help parents develop basic communication skills for educating their children about sexuality. To help parents of adolescents develop skills for solving problems and managing conflict.

RATIONALE:

In many families, topics and questions related to sexuality are rarely mentioned. Families are busy, the subject doesn't come up, maybe someone feels awkward -- no one quite knows how or when to begin.

For parents to communicate their values and teach accurate information, they may have to initiate discussion either by bringing a subject up or by weaving it into another conversation. Their skill and comfort in doing this may increase the likelihood that their children will see them as a resource when they have questions or concerns.

This unit offers practical suggestions and guidelines to use when communicating with children as well as an opportunity to rehearse these in a supportive atmosphere. In addition, these sessions can offer parents of adolescents specific guidelines for solving problems and negotiating strong differences with their children.

In some ways, this is a preventive approach which assumes that parents can prepare themselves. They can rehearse both how to teach and model effectively and how to handle the problems which inevitably arise.

BEHAVIORAL OBJECTIVES:

1. To examine parents' own listening skills. (Activities V.1-3 and 9-11)
2. To learn and practice some methods of effective communication. (Activities V.3-5, 7-8, 12-13, and 15)
3. To identify situations which call for skilled communication. (Activity V.6)
4. To learn and practice ways to solve problems they have with their children. (Activities V.18-23)
5. To practice incorporating information about sexuality into everyday conversation. (Activity V.14)
6. To practice responding to questions about sexuality. (Activity V.13)
7. To identify sexual terminology parents are comfortable using with their children. (Activities V.16 and 17)
8. To consider what impact the course has had on participants. (Activity V.24)

APPROACH TO TEACHING COMMUNICATION SKILLS

One third of this curriculum is devoted to developing parent/child communication skills. A teacher can take one of two approaches: (1) teach basic communication skills and help parents think about how to apply them; or (2) have parents practice responding to specific questions or situations, thereby strengthening their communication skills. Which approach is used depends on the needs of the parents as well as on the teacher's style.

Method 1: Experts have identified specific behaviors that facilitate communication. These include "reflective listening," "I-Messages," and problem-solving techniques. This approach is especially successful with parents who enjoy structured exercises or who learn "formulas" for new behaviors.

Many facilitators who choose this approach to teaching communication skills will begin the process in an earlier session. For example, reflective listening and "I-Messages" can be introduced early in the course and practiced briefly in every subsequent session. It is nearly impossible to thoroughly acquaint parents with these methods in one session.

Method 2: Some parents find the first approach too "gimicky," artificial, or difficult to grasp; for others, the systematic, right or wrong way of communicating is too threatening. Another method of teaching communication skills is to have parents practice answering specific sexual questions and responding to specific situations. This approach, which relies on the good sense of the group for feedback, is recommended for parents who are currently experiencing communication difficulties at home. Again, this is only a recommendation not meant to suggest that this method would not work well with other families.

Some facilitators combine the two approaches. Regardless of the basic method that is chosen, it is important for parents to examine their listening skills and to practice answering sexual questions.

For parents of adolescents, we recommend spending the first session on developing communication skills, the second on problem solving.

UNIT V OVERVIEW

Name of Activity	Estimated Minutes	Type of Activity	Materials Required	Age of Children	Page No.
1 Introduction	5-10	Presentation	None	3-18	145
2 How Well Do You Listen?	10	Exercise	None	3-18	146
3 Listening	20	Exercise	3x5 Cards	3-11 & 12-18	147
4 Communication	20-30	Presentation	Supplement 1	3-18	148
5 Communication Tools	15-25	Reading	None	3-18	150
6 Whose Problem Is It?	15-20	Exercise	None	3-18	152
7 Reflective Listening	20-25	Exercise	Supplements 2 & 3	3-18	154
8 "I-Messages"	20-25	Exercise	Supplement 4	3-18	155
9 Body Language	20	Exercise	None	3-18	156
10 Charades	20-35	Exercise	None	3-18	157
11 Touching Continuum	20-30	Exercise	Supplement 5	3-18	158
12 Guidelines	15	Discussion	Supplements 6 & 7	3-11 & 12-18	159
13 Commonly Asked Questions	30-60	Exercise	3x5 cards, Supplement 8	3-18	160
14 Beginning Conversations About Sex	20-35	Exercise	None	3-18	161
15 Film: Parent-Child Communication	35-50	Film	Projector	12-18	162
16 Vocabulary	20-30	Exercise	Supplements 9 & 10	3-18	163
17 Terminology	20-35	Exercise	Newsprint	3-18	164
18 Problem Solving	15-20	Presentation	Supplements 11 & 12	3-18	166
19 Procedure Setting	15-20	Exercise	Supplement 11	3-18	168
20 Negotiation Skills	20-30	Exercise	Supplement 12	3-18	169
21 Filmstrip: Parent-Child Negotiation	30-50	Film	Projector	12-18	170
22 Values Collision	20-30	Exercise	Paper	11-18	171
23 Problem-Solving Exercise	45-60	Exercise	Supplement 13	3-18	172
24 Closure and Final Summary	20-30	Discussion	None	3-18	173

INTRODUCTION (V.1)

Purpose:

To introduce the sessions on communicating about sexuality with children.

Materials: None

Time: 5-10 minutes

Procedure:

Begin the session by saying something like this: "In the last session, you looked at your own attitudes about a variety of sexual topics and identified some specific values that you would like to communicate to your own children. Now I want you to think about what you actually want to say to your children: What words will you use? How will you feel using them? How can you begin conversations? How will you answer questions? One large part of what we will do is to practice the following skills for effective communication."

1) The ability to listen to, attend to, and empathize with the emotions and values of your children.

2) The ability to communicate clear statements of your own values and emotions to your children.

3) The ability to give clear and correct answers and information about sexuality.

4) The ability to problem solve and negotiate when you and your child have a problem or are in conflict over either a behavior or an attitude.

HOW WELL DO YOU LISTEN? (V.2)

Purpose:

Warmup activity to help parents look at their own listening skills.

Materials: None

Time: 10 minutes

Procedure:

Begin the session by telling the group about a minor problem that you are having in your life. Talk for less than 1 minute. Now ask for a volunteer to rephrase or summarize what you have just said. After one parent summarizes, ask what, if anything, was omitted. Fill in any omissions and ask the group to evaluate themselves on their listening skills.

LISTENING (V.3)

Purpose:

Warmup activity to alert parents to some barriers to effective communication.

Materials: 3x5 cards

Time: 20 minutes

Procedure:

Give each person a 3x5 card with five questions. Tell parents you will ask these questions about their lives as children. Parents of young children may answer the questions about their lives at age 8, parents of adolescents at age 13 or 17. Read aloud the questions.

Examples:

(1) Who was home when you came home from school? What did you do?
(2) What was your favorite thing to do in your spare time?
(3) What were your friends like? Did your parents like them?
(4) How well did your family communicate?
(5) Did your family take vacations together? If so, describe the most exciting one.
(6) Did you have any career plans?
(7) Was a car available for you to drive? Were there any restrictions?

Divide the class into pairs and ask each pair to choose who will be the first listener and who will be the first speaker. The speaker can select one of the five topics to discuss. Instruct the listener to look into the speaker's eyes and not to speak (sit face to face, comfortably). Have parents repeat this exercise with the listener and speaker switching roles.

Now ask parents to pick another question. This time, have the listener look away from the speaker's eyes. Have them switch roles.

Repeat the same task with partners standing back to back.

Again, repeat the task with one member standing up, the other sitting down.

Reconvene the group to discuss the exercise.

Discussion Points:

1. How did you feel in the various situations?

2. How did the communication styles affect your ability to listen and understand?

COMMUNICATION (V.4)

Purpose: To give parents guidelines for effective communication.

Materials: "Don't List" (Supplement 1)

Time: 20-30 minutes

Procedure:

When children express feelings and concerns, parents behave in a number of ways that either enhance or hinder communication. Ask parents to think of ways they or other parents might hinder communication. Discuss the following points, assuring parents that they may not be guilty of any of these styles, but to note if they hear a description of themselves. Also tell them that not only do parents use these styles, but so do bosses, siblings, and spouses. As you go through the list, give an example of each. Ask parents for examples.

We hinder communication when we:

(1) Respond frequently with questioning, diagnosing, or analyzing.

(2) Use orders, commands, and threats to maintain control.

(3) Insist that the child have only so called "proper" feelings; use the words "should" and "shouldn't" often.

(4) Rely on ridicule, name-calling, sarcasm, or jokes to control the child.

(5) Lecture and advise children based on their "adult superiority" and years of experience -- "When I was your age ..."

(6) Treat children's feelings too lightly by giving simple reassurance to show that all is well when it really isn't.

(7) Blame the child before getting all the facts.

(8) "Solve" the problem for the child.

(9) Insist that the child be happy because it hurts the parents so much to see them unhappy.

When you finish, ask parents which styles are hard to avoid.

We facilitate communication when we:

(1) Avoid the above automatic roles.

(2) Maintain eye contact.

(3) Avoid giving advice when the child needs a sympathetic listener.

(4) Avoid thinking of our reply while the other person is still talking.

(5) Avoid jumping to conclusions.

(6) Pay attention to what the other person is saying.

(7) Avoid interrupting.

(8) Avoid insisting the family has to talk to fill up every silence.

(9) Use other verbal or nonverbal responses (such as nodding or saying "uh-huh") to show that we are listening and encourage the child to continue.

We can better understand children's use of words if we remember that:

(1) Children use words to gain control over angry impulses.

(2) Children parrot words used by adults in comparable situations.

(3) Children sometimes use obscenity instead of crying as an alternate expression of emotions.

(4) Using obscenity can be an attention-getting device.

(5) A child may use a word to find out what it means.

(6) Reacting to language as "cute" invites repetition.

(7) Reacting with shock or anger gives words more power than they really possess.

Distribute Supplement 1.

Discussion Points:

1. Can you think of a time when the way you acted hindered communication with your child? Facilitated communication? Give some examples.

COMMUNICATION TOOLS (V.5)

Purpose: To introduce parents to some concrete tools to improve communication.

Materials: None

Time: 15-25 minutes

Planning Note:

These techniques are useful for breaking old patterns of communication, for times that children have strong feelings about something or have a definite problem. They are not tools to use all of the time and may not fit a particular parent's personality. Some parents become discouraged and feel that they have failed when reflective listening and "I-Messages" are not successful in their home.

For further reading, see Gordon, T. Parent Effectiveness Training, and Dinkmeyer, D. and G. McKay. Parent's Handbook. (See Appendix B.)

Procedure:

Before the session, ask one of the participants or your cofacilitator to be ready to tell you about a minor problem. Model reflective listening. Each time, ask the person with the problem how s/he felt. Did s/he feel "listened to" and understood? Encouraged to continue? Repeat this process until the group grasps the point.

Reflective Listening

Explain that reflective listening is a technique which involves recognizing the feelings behind what children are saying, then summarizing and feeding back what the person is saying. A person who is upset often loses perspective.

Listening reflectively:

1) Encourages the person to think through and resolve his/her own problem or concern.

2) Demonstrates very clearly that you are listening and interested.

3) Gives your child an opportunity to correct you if you have misunderstood something.

"I-Messages"

An "I-Message" is a tool that parents can use to clearly communicate their own feelings to their children. It is a calm statement of how you react to a particular behavior. "I-Messages" can be either positive or negative. A "You-Message" lays blame and conveys criticism. An "I-Message" is constructed in the following manner:

(1) In a nonblameful manner, describe the behavior:
- When dirty clothes are left on the floor in your room ...

(2) State your feeling:
- I feel resentful ...

(3) State how the behavior causes a problem for you:
- It makes extra work for me ...

(4) State what you want:
- I want you to pick up your clothes after you take them off ...

"I-Message": When dirty clothes are left on the floor in your room, I feel resentful, because it makes extra work for me and takes away my time for fun and relaxation. So I want you to pick up your clothes after you take them off. OR: I resent your leaving dirty clothes on the floor and under the bed, because it makes extra work for me and takes away my time for fun and relaxation.

Note -- The word "you" in a description of behavior does not make it blameful.

Give another example of an "I-Message" such as "When you use profanity, I feel disgusted because those words seem violent and offensive to me"; or for a younger child, "When you use those words, I feel upset because they seem mean and ugly to me." Remind parents that if an "I-Message" is made in an angry or critical tone, it becomes a "You-Message." "I-Messages" are only effective when the parent's relationship with the child is positive enough for the child to be concerned about the parent's well-being.

Discussion Points:

1. Can you imagine yourself using these techniques? Why or why not?

2. In what circumstances would reflective listening be helpful? "I-Messages"?

3. When would they be inappropriate?

WHOSE PROBLEM IS IT? (V.6)

Purpose:

To help parents identify behaviors that cause problems for them or for their children. To identify problem situations and explore ways of handling them.

Materials: None

Time: 15-20 minutes

Procedure:

Explain that in parent-child relationships, different kinds of problems arise. Sometimes, children behave in a manner unacceptable to parents. In those situations, it is the parent's problem. Other times the child has a problem that doesn't affect the parent. On other occasions no problem exists. Present the following model, giving an example of each point. (Source: Gordon, T. P.E.T., and Dinkmeyer, D. and G. McKay. Parent's Handbook. See Appendix B.)

CHILD'S PROBLEM	The child has a problem because he is thwarted in satisfying a need. It's not the parents' problem because the child's behavior in no way interferes with them. Therefore, it is the child's problem.	Skills for helping child help himself: Reflective listening Brainstorming solutions Encouragement
NO PROBLEM AREA	The child is satisfying her own needs - she is not thwarted - and her behavior is not interfering with the parents. Therefore, there is no problem in the relationship.	Skills and concepts for enhancing the relationship when no problems exist: Initiating conversations Sharing ideas and feelings
PARENT'S PROBLEM	The child is satisfying his own needs - he is not thwarted. But his behavior is a problem to the parents because it is interfering with them. Now it is the parent's problem.	Skills for clearing up situations where child's behavior is a problem for parent: "I-Messages" Problem-solving

Read the following situations. Ask parents to decide whose problem it is and what steps the parent should take to deal with the problem.

Examples for parents of young children:

1. Your baby begins to cry when getting a tetanus shot.
2. Another parent catches your daughter playing doctor.
3. Your child uses four-letter words.

4. Your son walks around with his hands in his pants.

5. Your child begins to cry each time you leave him with a sitter you know will be kind and gentle.

6. Your child leaves toys lying around the house.

7. Child asks you to tell him/her where babies come from.

8. Your child is learning to play the piano and asks you to listen to a new song.

9. Your child is regularly late getting ready to go to school.

Examples for parents of adolescents:

1. Your daughter is unhappy when no one asks her to the prom.

2. Your son feels left out because he didn't make the school band.

3. Your child asks you what you think about premarital sex.

4. Your child doesn't like his looks.

5. Your child is smoking marijuana.

6. Your 15-year-old daughter has arranged a date with a 22-year-old man.

7. Your child no longer wants to accompany the family to religious services.

8. Your child receives failing marks in 3 subjects.

9. Your child asks you to attend a parent seminar at school.

10. Your child does not obey curfews.

Discussion Points:

1. Can you think of a problem that your child had recently? How did you deal with it?

2. What problem have you had with your child's behavior recently? How did you deal with that?

REFLECTIVE LISTENING (V.7)

Purpose:

To practice reflective listening. To help parents recognize responses that inhibit open communication with their children.

Materials:

"Reflective Listening" (Supplement 2) or "Children's/Adolescents' Statements" (Supplement 3a or 3b).

Time: 20-25 minutes

Procedure:

Distribute "Reflective Listening" supplements. Ask parents to identify the responses which use reflective listening. Play the role of the child by reading the child's responses, and have parents take turns giving the appropriate parental response. Have parents suggest different responses to the child's final question and discuss their suggestions as a group. Tell parents that this question was fairly easy and that some are harder. Parents often find they are uncomfortable using sexual words and, therefore, answering questions. If time allows, provide another example for parents to practice reflective listening.

Alternative Procedure:

Instead of using Supplement 2, distribute Supplement 3a or 3b. Play the role of a child and have parents take turns responding with reflective listening. Read one statement at a time with feeling.

Discussion Points:

1. Which responses seemed particularly appropriate?

2. How comfortable are you with reflective listening?

3. When would you use this technique with your own children?

"I-MESSAGES" (V.8)

Purpose: To practice sending "I-Messages."

Materials: "I-Message Practice" (Supplement 4)

Time: 20-25 minutes

Procedure:

Distribute the handouts. Ask parents to write their own "I-Message" in the space provided. Stress that in real life situations this model should be translated into their own speaking style.

When they have completed two "I-Messages," ask parents to find a partner and read what they have written to each other. This will help reinforce the concepts and allow parents to practice saying and hearing "I-Messages." Then ask for volunteers to share their "I-Messages" with the whole group.

Discussion Points:

1. Ask parents to use "I-Messages" during the remaining sessions and at home.

2. Stress that "I-Messages" are not intended to solve problems or find solutions. They are used to express emotion or feeling in as clear a way as possible, so that the child can better understand how his/her behavior is affecting you. Once the child understands, then both parent and child can start discussing solutions or behavior changes.

BODY LANGUAGE (V.9)

Purpose: To alert parents to the nonverbal ways they teach their children.

Materials: None

Time: 20 minutes

Procedure:

Model some nonverbal behavior, using these situations or others you select. Ask a parent to play the child. While the "child" is talking, use facial expressions and body movements to convey your feelings.

> Parents of young children: A child is happily talking about how some of the girls hang upside down on the jungle gym. He/she views that as funny.
>
> Parents of adolescents: A child is talking about how upset the principal and teachers are about hall behavior. All the kids think the adults are making a big deal out of nothing.

Discussion Points:

1. What was I, the parent, telling my child?
2. Sometimes parents say one thing with words and another with their body. What impact does this have on the child?

CHARADES (V.10)

Purpose:

To increase parents' awareness of how they communicate nonverbally.

Materials: None

Time: 20-35 minutes

Planning Note:

Use this exercise only if (1) there is already rapport in the group, (2) parents are willing to participate in light activities, and (3) you are comfortable leading the charades.

Procedure:

Demonstrate nonverbal communication:

1. Sit with your legs tightly crossed and wring your hands (nervous and closed).

2. Sit motionless, no facial expression, and look off into the distance (depressed).

Continue to give examples until the class appears comfortable. Ask volunteers to demonstrate feelings -- anger, fear, excitement, disappointment, interest -- and ask parents to guess what the volunteer is communicating.

Discussion Points:

1. Do you ever try to hide feelings? Does it work?
2. What feelings do your children see most often?
3. What feelings do your children see least often?
4. How do you show love to your children?
5. Has your way of showing love changed as your children have gotten older?
6. What are some ways to show love to adolescent girls? To adolescent boys?

TOUCHING CONTINUUM (V.11)

Purpose:

To help parents think about the amount of touching in their families and to determine their feelings about touching.

Materials: "Touching Continuum" (Supplement 5)

Time: 20-30 minutes

Procedure:

Distribute supplements to participants. Ask them to complete the forms as honestly as possible. If you prefer, identify points in the room for the continuum and have parents stand where their answers would be. While potentially threatening, this can also be quite effective to demonstrate the range of experience among parents.

Discussion Points:

1. Is there a difference between the amount of touching in your current family and the amount of touching in the family that you grew up in?

2. How do you feel about the amount of touching that you give?

3. How do you feel about the amount of touching that you receive?

4. What, if any, changes would you like to make in the touching behavior in your family?

5. (For parents of adolescents) What are some ways that you can touch your adolescents which they will accept?

GUIDELINES (V.12)

Purpose:

To supply basic guidelines to parents for facilitating communication with their children.

Materials:

"Guidelines" (Supplement 6 for parents of young children, Supplement 7 for parents of adolescents).

Time: 15 minutes

Procedure: Distribute guidelines that are appropriate to the group.

Discussion Points:

1. Which suggestions do you already practice?

2. Which suggestions seem most difficult?

3. Are there any problems following these guidelines in families with more than one child?

COMMONLY ASKED QUESTIONS (V.13)

Purpose:

To practice answering specific questions asked by children and to share possible approaches to difficult questions.

Materials: 3x5 cards, each with one questions (Supplement 8a, 8b or 8c)

Time: 30-60 minutes

Procedure:

Explain that this session will help parents get a feel for the variations in questions from children of different ages. Younger children usually need very basic information as most of their questions are related to anatomy and physiology. Parents can answer in a fairly unemotional, matter-of-fact way. As the children become older, they often want more than information; they also want to find out parents' attitudes, values, and what is acceptable behavior. Helping children develop responsible attitudes regarding their own bodies is an ongoing task.

Discuss the old saying, "You had better not tell children too much." Ask if we use that approach about any other topic.

Divide parents into pairs, according to the general ages of their children. Ask spouses to participate in separate pairs. Distribute questions and instruct participants to take turns asking each other the questions. Encourage the parents to roleplay the children asking the questions. After each "parent" answers, the "child" should give some feedback about the answer. When all of the questions have been discussed, have participants return to the large group to talk about how they felt in each role.

Discussion Points:

1. Did any of the questions embarrass you? What ways can you think of to handle embarrassing questions?

2. Were there any questions you were not sure of the answer? What would you do in that situation?

3. Review the purpose and summarize major points of the large group's discussion. Summarize reflective listening, "I-Messages" and giving information.

BEGINNING CONVERSATIONS ABOUT SEX (V.14)

Purpose:

To help parents think about when and how to begin conversations about sexuality.

Materials: None

Time: 20-35 minutes

Procedure:

Have the group divide into three small groups. Ask each group to brainstorm situations that occur regularly in their individual homes, that would be appropriate occasions to bring up a sexual topic with their child. Ask parents to describe in detail how they would begin each conversation. Have one person in each group volunteer to record each suggestion that comes up. Bring participants back to the large group and have recorders list the situations their group suggested.

Discussion Points:

1. How did you feel about these ideas?

2. How realistic are they?

3. How many parents feel that they could really implement these suggestions at home with their own children?

FILM: PARENT-CHILD COMMUNICATION (V.15)

Purpose:

To help parents explore barriers to communication between parents and teenagers.

Materials:

16mm projector and film:
"It's My Decision As Long As It's What You Want" [McGraw Hill]

Time: 35-50 minutes

Planning Note:

Appendix A provides a brief description of each film to help you decide which would be most useful for your class.

Procedure:

Introduce film. Ask participants to pay attention to positive and negative characteristics of the communication displayed in this film. Discuss the characteristics they observe; then have participants role play the situation demonstrating more effective communication to negotiate the conflict.

Discussion Points:

1. What was the mother's style of communication? How could she improve?

2. What was the daughter's style of communication? How could she improve?

3. How can the conflict be resolved?

4. How would these effective communication skills alter the ways you interact with your own children?

VOCABULARY (V.16)

Purpose:

To discuss sexual vocabulary and decide which words to use with their partners and children.

Materials:

"Sexual Vocabulary" (Supplement 10), "Glossary of Sexual Terms" (Supplement 9)

Time: 20-30 minutes

Planning Note:

Some teachers find activities such as this unnecessary. Instead, they model correct vocabulary and integrate discussions of vocabulary throughout the course. Whether or not you deal with the issue separately depends on the needs of the group.

Procedure:

Provide all parents with the "Sexual Vocabulary" list and "Glossary of Sexual Terms." Ask them to think about each word and to provide an appropriate substitute wherever they wish. Then ask them to identify which words they would use with their partner and which words they would use with their children. If this is not the last class, integrate the lists and distribute them at the next class. Sharing the differences and similarities can be entertaining for participants. If parents want practice saying the words, ask them to take turns reading the integrated list. Or hand out the two supplements for homework and integrate parents' responses in time for the last class.

Discussion Points:

1. Did you have any difficulty finding words you felt comfortable using? In what situations?

2. What discrepancy did you discover between words you would use with your partner and words you would use with your children?

TERMINOLOGY (V.17)

Purpose:

To help parents think about how they react to various sexual words and to decide what words they want to use with their children.

Materials:

A sheet of newsprint describing the four languages of sexuality. Sheets of newsprint for brainstorming with one sexual term on top of each sheet. Magic markers.

Time: 20-35 minutes

Procedure:

Introduce this exercise by displaying the following headings on newsprint. Point out the various types of language we use to talk about sexuality. Be careful not to take a position about what is "correct." Acknowledge that some families are more comfortable with indirect language.

- Scientific language: urinate
- Childhood language: pee pee
- Street talk: piss, screw
- Indirect language: have to go to the bathroom, sleep together

Divide the large group into smaller groups, giving each group a newsprint sheet with one term on it and a magic marker. Ask parents to think of synonyms for the scientific terms penis, vagina, intercourse, menstruation, testicles, and breasts. (Of these words, penis, menstruation, and breasts tend to be the least threatening.) Tell the group to choose a recorder and to develop a list. When they are finished, post the sheets and discuss the results.

Discussion Points:

1. Which words are most accurate?
2. Which words do we use with the most emotion?
3. Did you notice sexual terms being used as a put-down, a weapon, or something done "to" rather than "with" someone?
4. Did you notice any sexual terms that would be misleading or confusing to a child?
5. With which words are you most comfortable?
6. Are there some words you don't want to use with your children?

7. Summarize comments and emphasize that some words have hidden meanings or are confusing. Stress that sometimes children use street language, not to shock, but because they know no other language. Make it clear that you are not condoning any particular type of communication.

PROBLEM SOLVING (V.18)

Purpose: Offer parents one method of problem solving.

Materials:

"Factors in Procedure Setting" (Supplement 11) and "Negotiation Skills" (Supplement 12).

Time: 15-20 minutes

Procedure:

Present the following information: Active listening and "I-Messages" can prevent and solve many problems. Reflective listening works especially well when the child has the problem. "I-Messages" are particularly effective when the child is unaware that her/his behavior is causing a problem for you.

Nevertheless, problems that don't fit these two categories may continue to crop up. In order to work cooperatively on old or new issues, it can help to agree how these issues will be resolved. Especially with younger children, the parent has final authority over the child, but "pulling rank" to solve problems often causes resentment.

Procedure Setting: One technique which some people use to facilitate solving problems is procedure setting. With this method, families agree to set procedures for negotiation and follow them. Distribute Supplement 11 and discuss each step.

People who follow predictable procedures during conflict have a good chance of being satisfied with the outcome. Sometimes the procedure breaks down because someone uses a sarcastic tone of voice, gets angry, yells, threatens negative consequences, or withdraws. In that event, the session should not end until both parties agree to try again at a mutually agreed upon time. Regardless of who breaks the procedure, the parent's authority still stands.

Negotiating: Distribute the guidelines for negotiation, Supplement 12, and discuss each guideline. Point out that some problems may not be resolved, and some may solve themselves in 6 months. The point of negotiating is to speed up that process, and demonstrate sensitive, humane methods of managing conflict.

Values Collision: Parents generally want their children to adopt their own values. This may be for their child's benefit or for a validation of the parents' values. By and large, children do adopt most of their parents' values. Children watch their parents closely. They observe the way the parent holds a fork and the way the parent forms opinions. Through such "modeling," parents exert a strong influence.

When the child encounters problems and opportunities in life for which the parents have provided no modeling, the child will need to reach for other sources of values. In addition, children grow up in an environment that differs from their parents' and may, therefore, reach different conclusions to the same question.

When the parent experiences the child's new or different values (in verbal and nonverbal forms), he or she will find some acceptable and others will not. The parent then has a problem of how to deal with those new values that are not acceptable.

A now classic example of an unacceptable behavior is the teenage son who wears his hair long. The parents value a clean-cut, short-haired look, associating long hair with an irresponsible lifestyle that they feel will be bad for their son. They are upset and want this son to change this behavior and adopt their beliefs (values). On the other hand, the son believes that long hair will make him more acceptable to his friends and more attractive to girls, so his value for long hair is very strong. And while he doesn't want to cause his parents pain, he can see no tangible effect of his long hair on them. His own strong value and the lack of tangible effects on his parents override his concern for his parents' feelings and leave him unmotivated to change.

Situations like these are called "values collisions" and unlike other conflicts, their resolution does not lie in tapping the child's motivation to change in order to help the parents. The child's motivation to change must be internal, that is, to help him/herself.

Because of the intensity of the parents' feelings about their values, the temptation to use power in "values collisions" is great. Because of the intensity of the child's feelings about his or her values, however, power (force, punishment, etc.) almost never works. In addition, the normal resentment of the parents' use of power is greatly increased in "values collisions," because the child sees an insufficient tangible effect on the parents to justify their meddling into the child's personal life.

Consider the following alternatives to power in values collisions:

> Modeling: If your child can see that your life is full, there is a high probability that your child will copy your values at some point.
>
> Consulting: If your relationship is good, your child may consult you about a particular value.
>
> Modifying Self: After getting information about your child's value and considering it with an open mind, you may decide to adopt a new value for your own lifestyle.

Not all children's values will fit their parents' values and these parents may not be able to do anything to change it. Parents need to accept this fact and recognize that it is not a statement of their importance to their child or their skill at parenting, but rather an expression of the individuality of their child.

Discussion Points:

1. Can you think of a conflict situation you might resolve using procedure setting and negotiation methods?

2. Have you found yourself in any values collisions with your child?

3. How can you distinguish between a conflict which must be resolved and a values collision?

PROCEDURE SETTING (V.19)

Purpose:

To practice introducing and implementing methods to resolve conflicts in the family.

Materials: "Procedure Setting" (Supplement 11)

Time: 15-20 minutes

Procedure:

Pass out the "Procedure Setting" sheets. Ask participants to choose partners and take turns roleplaying a parent-child interaction. Have the "parent" explain to the "child" what procedure setting is, why you want to use it, and how you want to do it. When they are finished, have partners switch roles.

Alternative Procedure:

Ask participants to choose partners and take turns roleplaying a parent-child interaction. Have the "parent" begin in this way:

"I'd like to talk with you about how we discuss our problems. I haven't been happy with the way we have been arguing about certain issues, and I'd like to hear how you think we could improve the way we make decisions which affect you."

The "parent" will take notes while the "child" talks and together they will put them into a list of guidelines for discussion. Have participants avoid discussing any issues at this time. The "parent" can add any procedures s/he finds pertinent that the "child" omitted. When they are finished, have partners switch roles.

Discussion Points:

1. How did you feel as the parent? As the child?

2. Do you think you could have this kind of discussion with your child?

NEGOTIATION SKILLS (V.20)

Purpose: To practice negotiating family conflict.

Materials: "Negotiation Skills" (Supplement 12)

Time: 20-30 minutes

Procedure:

Begin by reviewing Supplement 12. A poster depicting the same information will facilitate parents' learning. Ask parents to think of a conflict they would like to negotiate with their child. Encourage them to pick a sexual issue, but don't insist. Ask parents to get a partner. One person will be him/herself and the other will roleplay the child. Give the "parents" a few minutes to give the "child" some background on the conflict. Allow 10-15 minutes to practice negotiating. Tell them the key is tempo. Keep it SLOW!

When you cut them off, ask the parents to tell how they think they did. Ask for questions.

Reverse the roleplaying, and again ask for questions.

Discussion Points:

1. Are these guidelines useful to you?

2. When might you use them?

FILMSTRIP: PARENT-CHILD NEGOTIATION (V.21)

Purpose: To present strategies for resolving conflicts with adolescents.

Materials:

Projector, cassette recorder and filmstrip:
"Adolescent Conflict: Parents vs. Teens, Part 2" [Media Fair, Inc.]

Time: 30-50 minutes

Planning Note:

Appendix A provides a brief description of each film to help you decide which would be most useful for your class.

Procedure:

Introduce the filmstrip and show it to the group. Part One focuses on the causes and manifestations of parent-child conflicts. (Part One is only somewhat useful and could be skipped.)

Part Two presents the transactional analysis concepts that are useful in understanding communication, and includes advice for parent-child negotiations.

Discussion Points:

1. Was the filmstrip useful?

2. How might you use some of these ideas with your own children?

VALUES COLLISION (V.22)

Purpose:

To explore how to handle situa ions in which parents and children hold different values.

Materials: Paper and pens

Time: 20-30 minutes

Procedure:

Have parents think about their child's behaviors which are unacceptable to them. If they can make the following statements about any behavior, it is probably a value collision:

a. I do not accept the behavior.

b. My child does not believe that the behavior causes a real problem for me.

c. I believe my child has a problem.

d. My child does not believe that he or she has a problem.

Based on the above criteria, have parents list on blank paper any values collisions that they have with their children. Example:

- My son's choice of friends

- Language my daughter uses

Discussion Points:

1. How have you attempted to influence these behaviors in the past?

2. Considering the three choices, how do you plan to influence your child's values in the future?

3. For further reading on this subject, see Gordon, T. P.E.T. (Appendix B).

PROBLEM-SOLVING EXERCISE (V.23)

Purpose:

To discuss and consider ways of handling some difficult problems related to sexuality.

Materials: "Problem Situations" (Supplement 13)

Time: 45-60 minutes

Procedure:

Present some statistical background about the incidence of rape, teenage pregnancy, and child molestation, using local statistics if possible. Convey the message that all American families are at some risk for experiencing one or more of these situations. However, any one of these problem areas can be handled, and do not necessarily mean "the end of the world" for either parent or child.

Have parents form three small groups. Distribute Supplement 13. After giving instructions, separate each group as much as possible. Ask everyone to read through the situations carefully. Taking the situations one at a time, in any order, each group should discuss how they as parents could handle the problems. (Watch that they do not get stuck on one situation, but do not demand that they do all of them.) One person from each group should keep track of the best solution(s) for each situation.

After 30-60 minutes, call the groups back together. Taking each situation in turn, have each group share their best responses. Be as generous as possible in reinforcing their answers. Your role at this point is to be a witness to their own coping skills rather than to display your own expertise. When appropriate, point out the diversity of responses that the different groups came up with. Underscore that there are many paths to good sexuality education for children.

Discussion Points:

1. What was the major obstacle in handling these situations?

2. For couples: Would you be more likely to handle these or would your spouse?

3. What are the resources in the local community for getting some assistance in handling some of these issues?

CLOSURE AND FINAL SUMMARY (V.24)

Purpose:

To summarize what parents have learned in the class, and where they go from here.

Materials: None

Time: 20-30 minutes

Procedure:

1. This is the time for personal statements about the course and anecdotes about their children's reactions to their taking the course.

2. Bring out the list of difficult situations that was created in session 3. Check to make sure every situation has been addressed in some fashion by the course.

3. Review in a few sentences all that has been covered in the course.

4. Mention again other resources for information and counseling relating to sexuality.

5. Reinforce feeling of graduation -- of parents having learned and grown. Share your perceptions of each parent's growth. Solicit "I-Messages" about the course as they experienced it.

6. Provide time for participants to acknowledge to each other the relationships they have developed.

Supplement 1

LIST OF DON'TS

DON'T: assume you understand

DON'T: bring up the past

DON'T: assume it will always be that way

DON'T: tell people what their problem is

DON'T: interrupt

DON'T: label

DON'T: say "should," "ought to," "must"

DON'T: blame

DON'T: say "always" and "never"

DON'T: say "you're wrong"

DON'T: say "either - or"

DON'T: say "if, then"

DON'T: try to make them feel guilty

DON'T: take on their problem

DON'T: change the subject

DON'T: point your finger

DON'T: use or encourage violence

DON'T: mock or ridicule someone

DON'T: say "I love you, but..."

DON'T: ask "Why?"

DON'T: use profane language

Supplement 2

REFLECTIVE LISTENING

Directions: Identify the response which uses reflective listening.

Ruth: "Mom, they told us at school today that we are all going to have to start taking gym 3 days a week. It was bad enough taking it once a week and now they're adding more time."

Mother: A. "You ought to be happy to get all that good exercise."

B. "When I was your age I used to love gym."

C. "It sounds like once a week was already too often for you. You're really upset to have it 3 days a week."

Ruth: "Yeah, they make us wear these dumb, baggy, blue shorts that look so stupid."

Mother: A. "You could take the shorts in so they fit you better."

B. "You really are a complainer today."

C. "So you especially dislike the shorts that they make you wear."

Ruth: "Well, it's not just the shorts. Some girls really look good in their uniforms but I'm so skinny that mine looks terrible on me."

Mother: A. "When you get to be my age you'll wish you were still that thin."

B. "In comparison to some of the other girls in your class you feel that your body is too skinny and unattractive?"

C. "If you spend more time fixing your hair and getting dressed in the morning you might look as good as the rest of the girls."

Ruth: "Mom, I just worry sometimes that I'm never going to develop and have a nice shape."

Mother: A. "You feel like it's taking forever for your body to really develop."

B. "The longer it takes the better!"

C. "Be happy that you don't have to deal with all the problems of womanhood yet."

Ruth: "When am I going to develop, Mom?"

Mother: _____

_____

_____

_____

_____

Supplement 3a

YOUNGER CHILDREN'S STATEMENTS

1. My teacher really gets on my nerves.
2. I wish I wasn't so fat.
3. Why doesn't my hair grow long like Brooke Shields?
4. Jimmy is always getting into my things.
5. The other kids pick on me at school all the time.
6. I really like my new friend, Patty.
7. I like playing baseball but the boys never let me play with them.
8. Mom, don't buy me any more of those sissy toys.
9. I miss Grandpa so much.
10. I can't wait for my birthday to get here.
11. You and Mom like Jeff more than you like me.
12. Learning about where babies come from is fun!

Supplement 3b

ADOLESCENTS' STATEMENTS

1. I hate gym class.
2. I don't like wearing those baggy shorts.
3. The other girls always tease me.
4. I wish I looked more like Brooke Shields.
5. I never get chosen for the basketball games.
6. The other guys all have attractive girlfriends.
7. I'm pregnant. I don't know what to do.
8. These pimples will never go away.
9. I wish my breasts were larger.
10. I am in love.
11. I feel like such a dummy in algebra class.
12. Dad, I think I have VD.

Supplement 4

"I-MESSAGE" PRACTICE

Directions: Create an "I-Message" from the following situations:

Your son is watching TV and says, "Look at the tits on that chick!" You really want to say, "You should show more respect to women!"

Instead you say: (not necessarily at that time)

(Describe the behavior)	"When _____
(State your feeling)	I feel (felt)
(State how the problem causes a problem for you)	Because I think (thought) _____
(State what you want)	I want _____."

Your daughter comes out of her room ready to go to a party wearing an outfit you feel would be more appropriate for a prostitute. You really want to say, "Get back in there and put some clothes on!"

Instead you say:

(Describe the behavior)	"When _____
(State your feeling)	I feel _____
(State how the problem causes a problem for you)	Because I think _____
(State what you want)	I want _____."

Write your own situation and your own "I-Message":

(Describe the behavior)	"When _____
(State your feeling)	I feel _____
(State how the behavior causes a problem for you)	Because I think _____
(State what you want)	I want _____."

Supplement 5

TOUCHING CONTINUUM

The line below represents a continuum of touching behavior that goes from no touch at all to touching whenever the two people are together. To answer each question place the number of the question at the point on the line that best describes what happens in your family.

None _____ Always

1. How much physical touching occurred in your family as you were growing up?

2. How much touching occurs in your family now?

3. How much physical touching occurs between you and your partner?

4. How much physical touching occurs between you and your daughter?

5. How much physical touching occurs between you and your son?

6. With whom did you used to do more touching?

   _____ Spouse

   _____ Daughter

   _____ Son

   _____ Parents

7. With whom would you like to do more touching?

   _____ Spouse

   _____ Daughter

   _____ Son

   _____ Parents

Supplement 6

GUIDELINES FOR TALKING TO YOUNG CHILDREN

1. Try to learn about what your child is exposed to at school and at friends' homes.

2. When talking about conception or birth, do not use fables or give vague or inaccurate information.

3. Remember that facts are easy but values and attitudes are critical. When a child comes with a question, he/she wants not only facts, but also how you feel.

4. Do not talk about animals when your child wants to know about people. It is confusing and evasive.

5. Be patient. Expect the same question to resurface 10 or more times before the concept is securely absorbed.

6. Be aware of your child's level of comprehension and communicate accordingly.

7. Be a good listener. When your children approach you with a question, find out what they are thinking first before you answer.

8. Keep your terms simple.

9. Be honest and consistent.

10. Give your child the vocabulary he needs to continue asking more questions.

11. Leave your child with the feeling that you are available for other questions as well.

Supplement 7

GENERAL GUIDELINES FOR FACILITATING COMMUNICATION

1. Children learn by observation, so how you express your attitudes non-verbally is important.

2. Try to be honest about sex in your home.

3. Become familiar with your children and their environment -- their jokes, the TV and news programs they see and their music. This will better enable you to teach your child about human sexuality. For example, you may be watching a T.V. program together. You could ask your child...

   - How do you feel about that?
   - What do you think s/he should do?
   - How do you think you would solve that problem?
   - Do you think that would happen the same in our family?
   - What differences do you see?

4. Try to avoid the "Big Talk" because it generally embarrasses the child. Answer questions as they come up.

5. When children ask a question, try to ascertain what they already know about the matter so that you can find out what their understanding is and any misconception they might have.

6. Answer questions one at a time.

7. Keep answers short, simple, clear and in language the child understands.

8. Avoid comments that end conversations or put children on the defensive such as "Where did you hear that?" or "Don't be silly."

9. If you don't know the answer, admit it. Then find the answer. Have resource materials available.

10. If a child doesn't ask any questions about sex, be prepared to bring the subject up yourself. Use a news item about a sexual issue, a story on television, or the pregnancy of a friend to bring up the subject.

11. If you feel nervous and uncomfortable, "gently" share that with your child. However, do not burden the child with details of your sexual problems or anxieties.

12. If you feel very uncomfortable about sexual subjects and feel it would be harmful for you to handle the subject, make sure the child gets the information somewhere else -- from a relative, doctor, or books.

13. Sexual learning is a life-long process. A child may continue to ask the same questions; you will answer differently as s/he gets older.

14. The tone of your voice conveys information. Try to make sure your tone of voice is appropriate for the discussion, e.g., light and casual when discussing parties and dates, serious when answering questions about a sex crime.

15. Listen when your children ask questions. Be attentive, look at them, stop other activity, etc. Give information clearly and correctly. If you don't know, find out. If you feel uneasy, share your feelings with your child.

16. Let your child direct the conversation.

17. If a child asks a question, don't worry about whether the child is too young to know the answer. Children understand what they are ready to understand. However, try to answer at the child's level of understanding.

18. Emphasize the whole person and how sexuality and sexual behavior relate to their self-concept.

19. If discussing something negative, differentiate between negative sexuality (e.g., a sex crime) and positive sexuality (e.g., love and intimacy).

Supplement 8a

QUESTIONS COMMONLY ASKED BY YOUNG CHILDREN

1. What's that, Daddy? (daughter points to penis)
2. What's that, Mommy? (son points to breasts)
3. How long does a baby grow inside its mother?
4. Where did I come from?
5. Does it hurt the mother to have a baby?
6. How did I get inside Momma?
7. How are babies born?
8. Why don't I have one of those? (girl points to little boy's penis)
9. Why does my penis get hard?
10. What are these (tampax, sanitary napkins) for?
11. Mom, when I was inside you, how did I eat?
12. Why do I have a belly button?
13. When can a girl have a baby?
14. When does a boy begin to make sperm?
15. What is a period?
16. How does milk get into the breasts?
17. Do boys have anything like periods?
18. Why don't boys get breasts?
19. Do men ever marry other men?
20. What is a rubber?
21. When am I going to get a bra?
22. Can I watch you and Mommy (Daddy) have sex?
23. Do Grandpa and Grandma have sex?
24. Why do boys look different than girls?
25. What does it feel like to be born?

Supplement 8b

QUESTIONS COMMONLY ASKED BY PREPUBESCENT CHILDREN (9-12)

1. What are wet dreams?
2. Why do our bodies need to change?
3. What is masturbation? Is it harmful?
4. What's wrong with magazines with nude pictures?
5. Why do girls have periods?
6. Why is my penis smaller than yours? (son asks father)
7. Does it hurt to have sexual intercourse?
8. What does it mean to be queer (homosexual)?
9. What does "coming" mean?
10. Why do people have sexual intercourse?
11. Why don't boys have periods?
12. What are the first signs of pregnancy?
13. What is V.D. (venereal disease)?
14. How does it feel to make love?
15. How do you know when you're going to have your period?
16. How many minutes do you need to have intercourse?
17. What is love?
18. What happens when a woman has a baby at home?
19. Can someone love both sexes?
20. Does it hurt to have a baby?
21. When are you old enough to have sex?
22. Can you get pregnant when you're on your period?
23. What is a virgin?
24. What is acne?
25. How do you use a tampax?

Supplement 8c

QUESTIONS COMMONLY ASKED BY ADOLESCENTS

1. What's the best birth control method?
2. Is love a good reason to have sex?
3. Do the sex organs stop operating after a certain age?
4. At what age do you think it is best to have children?
5. Does it hurt when a guy and you go all the way?
6. How do you know if you are in love or if it is a crush?
7. How do you let someone know you don't like them anymore?
8. Why do guys always want sex?
9. Does intercourse hurt the first time?
10. Why might a girl's period be irregular?
11. What is oral sex?
12. Is oral sex perverted?
13. Why do some boys talk about girls that they have had some sexual experience with?
14. What is a good way to say no to a boy?
15. Do girls enjoy sex?
16. What is an orgasm?
17. Do girls have orgasms?
18. Can you get pregnant without having intercourse?
19. How come girls don't ever pay for dates?
20. How do homosexuals have sex?
21. Why do some adults think sex is so bad?
22. Did you (Mom/Dad) have sex before you were married?
23. When should a girl begin going to a woman's doctor (Ob/Gyn)?

Supplement 9

GLOSSARY OF SEXUAL TERMS

Abortion - The premature expulsion of an embryo or fetus from the uterus before birth. If the body expels the embryo or fetus at an early stage, it is called a spontaneous abortion; if at a later stage, a miscarriage. If induced legally by a trained physician, it is called a therapeutic abortion.

Abstinence - To refrain from sexual intercourse.

Anus - Opening of the bowels in males and females; solid wastes pass through this opening to the outside of the body.

Bladder - An expandable muscular sac which stores urine in males and females.

Cervix - The muscle at the lower end of the uterus located at the back of the vagina; the cervix is the passageway into and out of the uterus.

Chancre - A painless sore that appears in early syphilis, usually on the sex organs.

Clitoris - A pea-size organ located in front of the urethra; the center of female sexual excitement whose nerve endings correspond to the head of the male's penis.

Conception - The penetration of an ovum (egg) by a sperm, resulting in the development of an embryo; impregnation, fertilization.

Condom - A rubber or membrane sheath placed over the erect penis before sexual intercourse to prevent semen from entering the vagina; used to prevent pregnancy and venereal disease.

Contraceptive (Birth control) - A device or method designed to prevent the fertilization of an ovum by a sperm during sexual intercourse.

Diaphragm - A rubber disc inserted into the vagina and over the cervix before intercourse to prevent sperm from passing through the cervix to the uterus.

Douche - A stream of water or other liquid solution directed into the vagina; intended to cleanse vagina. NOT an effective contraceptive method.

Ejaculation - The discharge of semen from the penis; usually occurs during male orgasm.

Embryo - The developing organism after sperm and ovum are united and implanted in the uterine wall; in humans through the first 8 weeks of development.

Erection - An enlarged and stiffened penis; occurs when the veins in the penis fill with blood, usually from sexual excitement.

Fertilization - See conception.

Fetus - The developing infant inside the female's uterus from the third month after conception until birth.

Genitals (Genitalia) - The external sex or reproductive organs of males (penis, testicles, and scrotum) and of females (vulva, clitoris, and vagina).

Gonorrhea - A sexually transmitted disease often characterized in men by a burning feeling during urination and discharge of pus from the urethra. Women usually have no noticeable symptoms.

Herpes Simplex Type II (Genital herpes) - A sexually transmitted disease for which there is no known cure; characterized by painful sores around the sex organs.

Heterosexual - Sexually attracted primarily to people of the opposite sex.

Homosexual - Sexually attracted primarily to people of the same sex.

I.U.D. (Intrauterine device) - A small birth control device inserted by a physician into the woman's uterus; intended to prevent pregnancy.

Masturbation - Stimulating one's own sex organs to produce sexual excitement and often orgasm.

Menstruation - The monthly discharge of blood and tissue which has built up in the uterus in anticipation of a possible pregnancy. Lasts 3-6 days, approximately 28 days apart, during a woman's reproductive years.

Nocturnal Emission (Wet dream) - Ejaculation of semen from a male's penis when he is asleep.

Orgasm - The pleasurable climax which releases the tension which builds during sexual excitement. In males, is usually simultaneous with ejaculation.

Ovum (Egg) - The female reproductive cell contained in the ovary. Normally, one is released each month (ovulation) into the Fallopian tube where it may be fertilized by a sperm.

Penis - External male organ containing three cylindrical areas of spongy tissue which can become engorged with blood to increase its size. The glans, or head, is very sensitive and provides sexual pleasure. Contains urethra through which urine and semen both pass, but never at the same time.

Rectum - The lower part of the large intestine, opening at the anus.

Rhythm Method - A method of birth control where intercourse is timed so that it does not occur on or around the days when the ovum might be available for fertilization, the so-called "safe days."

Scrotum - The sac of skin or pouch suspended below the base of the penis; contains the testicles.

Semen - The fluid released from the penis during ejaculation; contains sperm and seminal fluid.

Sexual Intercourse (Coitus, having sex, making love) - The erect penis of the male entering the vagina of the female.

Sexually Transmitted Disease - A serious disease which is transmitted during close body contact, usually sexual intercourse.

Sperm (Spermatazoa) - The male reproductive cell produced in the testes and ejaculated in the semen. When it joins (fertilizes) the female's ovum, pregnancy results.

Syphilis - A sexually transmitted disease characterized by three stages. Can be treated and cured in the early stages.

Testicles (Testes) - Two walnut-shaped male organs located in the scrotum; produce the reproductive cells (sperm) and the male hormone, testosterone.

Urethra - The passage in both males and females through which urine travels from the bladder to the outside; in males, also carries semen (ejaculatory fluid).

Uterus (Womb) - A pear-shaped muscle in the female capable of expanding many times to accommodate the growth of a baby during pregnancy. When not pregnant, the uterine lining is shed monthly as the menstrual flow.

Vagina - Muscular passageway between the outside of the body and the uterus; sometimes called "birth canal."

Venereal disease (V.D.) - See sexually transmitted disease.

Supplement 10

SEXUAL VOCABULARY

Technical Words	Substitute	Preferred Word to Use With:		
		Partner	Children	Same-Sex Friend
1. abortion				
2. abstinence				
3. breasts				
4. clitoris				
5. conception				
6. condom				
7. diaphragm				
8. ejaculation				
9. embryo				
10. fetus				
11. genitals				
12. homosexual				
13. masturbation				
14. menstruation				
15. nocturnal emission				
16. orgasm				
17. penis				
18. scrotum				
19. semen				
20. sexual intercourse				
21. testicles				
22. urethra				
23. uterus				
24. vagina				

Supplement 11

FACTORS IN PROCEDURE SETTING

Problem:

What to talk about (i.e., define the problem).

Whose issue it is.

Procedure:

Who is included? (May we ask opinions of others at times?)

Where to talk.

When to talk.

Length of discussion. (May we set the timer for 15-30 minutes? May we break for 5 minutes?)

How to talk. (I messages and active listening.)

Stopping the discussion. (It is NOT fair to choose these because they stop the discussion without agreement: crying, screaming, throwing things, hitting, withdrawing.)

Supplement 12

NEGOTIATION SKILLS

1. Define the problem in terms of each person's needs: State your needs using "I-Messages." Use reflective listening when your child states his or her needs.

2. Generate possible solutions: Brainstorm a list of solutions. Encourage your child to contribute.

3. Weigh advantages and disadvantages of each solution: Be honest in your considerations. Tune in to verbal and nonverbal clues about your child's satisfaction with the solutions.

4. Decide on a mutually acceptable solution. Make sure you and your child understand the solution decided upon. Have the other person repeat it satisfactorily.

5. Implement the solution: Decide who does what by when. Confront child with an I-Message if solution is forgotten in the following days.

6. If a solution has not been reached, reconsider the who, what, how, when, and where of the problem.

7. If a breakthrough has still not occurred, make another appointment, and don't discuss it until then.

Supplement 13

PROBLEM SITUATIONS

1. For the last 2 years your uncle (aged 60) has lived with your family. In general, he has been a big help to you by babysitting during the evening. Recently, your 8-year-old daughter, Patty, has been acting moody. When you tried to find out what was wrong, she told you that Uncle John had been feeling her breasts and "playing with her under her underwear."

2. Your 15-year-old daughter has a new boyfriend that she's "in love" with. Lately, you notice that she sleeps alot and is gaining weight. When you confront her with your concerns, she blurts out that she's pregnant.

3. Your 16-year-old son is handsome and very popular with the girls. Today he tells you that he has a sexually transmitted disease and he isn't sure where he got it.

4. Your 17-year-old son, Jim, is a very sensitive young man. Although he is quite popular at school, he has never dated a girl seriously. Last week your spouse/partner told you that he/she is worried that Jim is homosexual.

5. Your 6-year-old, Tim, spends a lot of time with his best friend, Gregg. Today they were at your house playing in Tim's room. They were so quiet that you decided to investigate. When you opened Tim's door, you found Gregg with his fly open and Tim touching his penis.

6. Your 9-year-old daughter, Leslie, is already quite developed. As a result, she gets teased a lot in school. Today the counselor telephoned to tell you that Leslie was caught in the auditorium with a male school mate lying on top of her.

7. Tom, your 12-year-old son, is on the basketball team at school. Therefore, he gets home somewhat late from school. On occasion, he hitch hikes even though you have warned him against it. This evening he came home very upset because the man who gave him a ride tried to make a pass at him.

8. Your 14-year-old son has been dating a very nice girl in the neighborhood. You know her parents and like them very much. Today you came home unexpectedly from work and found them having sex on the living room sofa.

9. Your best friend from high school is in town for the weekend and you have invited her to your house for dinner. During the meal, your 4-year-old daughter tells you that her day-care teacher is having a baby. She wants to know how the baby got in her teacher's "stomach."

10. Your 15 year-old daughter seems to be a "late bloomer" in comparison with her friends. Her breasts have not yet started to develop and she has not started menstruating yet. Today she came home in tears because the kids in her class were teasing her about her flat chest.

Appendix A

AUDIOVISUAL MATERIALS

Films

A Family Talks About Sex. Producer/Distributor: Perennial Education, Inc., 1978, 28 min., Color, $360.

Depicts open parent-child dialogue about sex-related topics in middle-class families. Presents brief dramatizations on issues such as masturbation, human reproduction, contraception, adolescent sexuality, obscenities, and privacy. It is particularly popular with parents. Because the film clearly endorses certain values, group facilitators often encourage parents to use the film to generate ideas of how they can impart their own family values. (One family is black.)

Am I Normal? Producer/Distributor: New Day Films, 1979, 22 min., Color, $375.

In this humorous film, 13-year-old Jimmy tries to discover the "real story" behind the changes that his body is going through. Despite the pressure to "be cool" and "know all the answers," he finally finds some friendly adults who answer his questions about erections, wet dreams, masturbation, and other common concerns of boys. This film is very popular with both parents and children. (Ethnically mixed cast.)

Dear Diary. Producer/Distributor: New Day Films, 1981, 24 min., Color, $375.

This humorous film focuses on the issues that concern many young adolescent girls. Three friends explore their feelings about boys, female roles, breast development, menstruation and growing up. While the film successfully gives information through humor, some find a few of the scenes corny. The mother in the film is portrayed as a totally inadequate resource for her daughter. (Racially mixed cast.)

Everybody Rides the Carousel, Part I. Producer/Distributor: Pyramid Films, 1976, 24 min., Color, $375.

This animated film portrays Erik Erickson's theory of the psychosocial development of the newborn, toddler and child. Sex educators consider this an excellent film for helping parents recognize the pushes and pulls young children experience as they grow and learn.

Everybody Rides the Carousel, Part II. Producer/Distributor: Pyramid Films, 1976, 24 min., Color, $375.

This animated film portrays Erik Erickson's theory of the psychosocial development of the older child, adolescent, and young adult. The segment on adolescence contains a lot of symbolism that parents sometimes miss. If Erickson's theory has already been presented to a group of parents, this film can serve to reinforce basic concepts.

Happy To Be Me. Producer/Distributor: Arthur Mokin Productions, 1979, 25 min., Color, $425.

Based on a survey of more than 600 New York City public school children, this film provides an objective view of young people's attitudes toward male and female gender roles. Students of different ages and different races voice a variety of attitudes ranging from traditional to nonsexist. The range of attitudes that are expressed and the spontaneity of the interviews stimulates discussion among parents.

Human Growth III. Producer/Distributor: Perennial Education, Inc., 1976, 20 min., Color, $390.

Describes the changes in the human body from birth to physical maturity, adolescent feelings, and reproduction. Contains unusually good drawings of reproductive organs in the body, interesting questions asked by young teenagers, and a brief live-birth scene. Sexuality educators consider this an excellent vehicle for providing factual information to parents. (Racially mixed.)

In Between. Producer: Viscount Productions. Distributor: Planned Parenthood of Memphis, 1981, 10 min., Color, $230.

Dramatizes the changing feelings and concerns of pre- and early adolescents. The key characters interact with family and friends in three situations which require them to make important decisions. The story takes place on a summer day in a small suburban ethnically-mixed community. Geared to middle class audiences.

It's My Decision As Long As It's What You Want. Producer/Distributor: McGraw-Hill, 1974, 14 min., Color, $235.

This film depicts in a realistic manner the communication difficulties that often occur between parent and adolescent. Jane and her mother cannot seem to understand each other. Mrs. Dalton doesn't think that Jane is mature enough to handle the freedom that she desires so badly. Portrays both mother and daughter as contributing to the problem. White middle class actors, but a wide range of parents and teenagers like this film.

It's Up To Laurie. Producer: Gordon-Kerckhoff Productions. Distributor: Centron Films, 1979, 21 min., Color, $395.

This film focuses on interpersonal relationships and attitudes toward dating and premarital sex. Depicts parent-child communication in three different family styles: authoritarian with little communication, permissive with little communication, and democratic with open lines of communication. In each family style the daughter, Laurie, has a different attitude about herself and her boyfriend, Jimmie. Although the acting is occasionally stilted, the film has been effective with both parents and teenagers from middle class backgrounds. Group leaders should stress that children reared in similar family styles will not necessarily behave as Laurie did. The film should be previewed. (White characters.)

Kevin. Producer/Distributor: Planned Parenthood of East Central Georgia, 1976, 3 min., Color, $50.

In this trigger film, Kevin's father awkwardly attempts to begin a conversation about sexuality. Kevin seems to perceive his father's discomfort and cuts the conversation short. Because it dramatizes some of the nonverbal and unintended messages parents may give their children, it is a good vehicle for exploring parent-child communication about sexuality. (White characters.)

Killing Us Softly. Producer: Jean Kilbourne. Distributor: Cambridge Documentary Films, 1979, 28 min., Color, $475.

This excellent film uses advertising clips as a way of illustrating the impact of the media on our perceptions of male and female roles. With an interesting mixture of insight, humor, and outrage, the commentator shows the audience that individual ads that seem harmless and "cute," add up to a powerful form of cultural conditioning. Although the film concentrates on the image of white women in the media, it also illustrates the image of men and black women.

Loving Parents. Producer/Distributor: Texture Films, 1978, 24 min., Color, $395.

The film focuses on sex education in the home, with the understanding that parents are the best sex educators of their own children. The film addresses, in a human and engaging way, the kinds of questions which many fathers and mothers raise: How should we project our sexuality to our children? What kind of guidance should we provide for their sexual development? How should we talk with them about sex? What kind of information about sexuality do they need? Particularly relevant for parents of adolescents. (Racially mixed cast.)

Mother May I? Producer/Distributor: Shared Futures Films, 1981, 26 min., Color, $425.

Presents the relationship between 11-year-old Karen and her older sister, Michelle. Karen finds out that Michelle might be pregnant and tries to convince her to tell their parents. By the end of the film Michelle finds out that she is not pregnant, but her parents realize that they have been

embarrassed to talk about sex with each other and their children. While the acting is sometimes stilted, this film is a good vehicle for encouraging parents to discuss sex with their children. (White characters.)

Sex Role Development. Producer: Ziff-Davis Company. Distributor: McGraw-Hill Films, 1974, 23 min., Color, $305.

Presents current theories about how children learn gender roles. Supports raising a child in a nonstereotyped, nonsexist environment. Shows a family and a preschool striving to minimize stereotypical thinking and behavior. (Racially mixed.)

The Time Has Come. Producer/Distributor: Third Eye World, 1978, 23 min., Color, $350.

Designed for parents of young children, this film portrays parents and day care workers encouraging children to develop their interests without stereotyped sex-role restrictions. (Racially mixed cast.)

Then One Year. Producer/Distributor: Churchill Films, 1972, 18 min., Color, $295.

Covers the male and female reproductive systems, and emphasizes the wide variation in normal growth and maturation rates. Presents factual information about puberty and reproduction in a manner that preteenagers can understand. Many sex educators consider this an excellent film. (Ethnically mixed.)

Wayne's Decision. Producer: Viscount Productions. Distributor: Planned Parenthood of Memphis, 1979, 4 min., Color, $65 or $265 for 5 films.

Seventeen-year old Wayne tells his parents that his girlfriend, Donna, is pregnant. He wants to marry her but his distraught parents violently oppose his decision. Some people find this film overly dramatic, but consider it a good tool for stimulating discussions about decisionmaking around an unplanned pregnancy and about father/son relationships. (White characters with strong Memphis accents.)

Woman-Child. Producer/Distributor: National Foundation/March of Dimes, 1977, 15 min., Color, $67.50.

The film opens with a voice-over of statistics on teenage pregnancy, abortion, and the prevalence of teenage mothers keeping their babies. Follows one pregnant high school girl through her pregnancy, delivery, and subsequent problems related to family, school, job, and child care. Can be used to raise parents' awareness of the problem of adolescent pregnancy. (Racially mixed.)

Filmstrips and Tapes

Adolescent Conflict: Parents vs. Teens. Producer/Distributor: Media Fair, Inc., 1977, 2 Filmstrips, 2 Cassettes, $69.

This two-part program assures students that conflict is a natural part of the process of maturation which originates in the search for independence during the adolescent years. Many find part one, which presents the causes and manifestations of parent/child conflicts, only somewhat useful, and show only part two, which uses the theories of transactional analysis to explain communication problems between parents and teenagers. Gives practical advice to teenagers who wish to negotiate more successfully with their parents.

Becoming An Adult: Psychological Tasks of Adolescence. Producer: Human Relations Media. Distributor: Media Fair, Inc., 1977, 3 Filmstrips, 3 Cassettes, $99.

Each section of this three-part program identifies a critical life task that is important to the transition from adolescence to adulthood. The first discusses the physical and emotional changes that occur during puberty: homosexual and heterosexual experimentation, masturbation and mature and responsible sexual behavior. Part two focuses on adolescents' need to establish themselves as individuals separate from parents and their accompanying ambivalence, moodiness, devotion to peers, rebelliousness, and distrust of adults. Part three identifies the quest for identity as the most important task of adolescence. In completing this task the adolescent develops a positive sense of self and values, realizes heightened intellectual capacities and makes a commitment to work. Uses technical language. Intended for highly educated parents, professionals, and bright high school students.

Teenage Pregnancy and Prevention. Producer: Human Relations Media. Distributor: Media Fair, 1978, 3 Filmstrips, 3 Cassettes, $99.

Sensitively examines the reasons behind the growing problem of teenage pregnancy -- the emotional, social, and financial difficulties facing pregnant teenagers and their partners. Part one uses current statistics to underscore the scope of the problem. Part two illustrates the difficult choices that teenagers must make and the resources available to them. Part three discusses preventive measures of abstinence and contraception. Many sex educators consider this an excellent resource.

Appendix B

RESOURCES FOR PROFESSIONALS

References

Abbey Harris, N. and K.R. Todd. Saying Goodbye to: The Birds, the Bees, and ... Telling the Real Story: A Guide for Parents. Santa Cruz, CA: Planned Parenthood of Santa Cruz County, 1980, $12.

Attempts to help parents remember their own adolescence -- their feelings, desires, hopes and problems in relationships and in sexual decisionmaking. Requires the reader to participate in various exercises and quizzes. Urges parents to sex educate and communicate with their children. Exposes today's parents to the current range of lifestyles and sexual styles. Includes a glossary and basic information on anatomy. Many sex educators recommend this workbook to highly motivated liberal parents as an excellent resource for do-it-yourself parent sex education.

Alter, J. and P. Wilson. Teaching Parents to be the Primary Sexuality Educators of Their Children, Vol. IV: Curriculum Guide to Courses for Parents and Adolescents Together. Bethesda, MD: Mathtech, 1982, 200 pp., available from the National Technical Information Service, Springfield, VA.

A 12-hour course for parents and adolescents that includes six units covering communication skills, values, sexuality through childhood, sexuality in the home and understanding one's own sexuality.

Bem, S.L. Sex Role Adaptability: One Consequence of Psychological Androgyny. Journal of Personality and Social Psychology, 1974, 155-162.

This article addresses the impact upon individuals when they assume flexible gender roles.

Bem, S.L. Probing the Promise of Androgyny. In A.G. Kaplan and J.P. Bean (Eds), Beyond Sex-Role Stereotypes. Boston, MA: Little, Brown and Company, 1976.

This chapter explores the issue of gender roles from a nonsexist, as well as academic, perspective.

Bernstein, A. The Flight of the Stork. New York: Dell Publishing Co., Inc., 1980, $2.50.

Identifies six different stages that children aged 3-12 go through in their awareness of procreation. Emphasizes that parents should be aware of the child's level of understanding when discussing the different aspects of

pregnancy and birth and that what they say to their child is not necessarily what the child hears and understands.

Bignell, S. Sex Education: Teacher's Guide and Resource Manual. Santa Cruz, CA: Planned Parenthood of Santa Cruz County, 1977, 226 pp., $15.00.

A curriculum guide that provides background information and teaching techniques on reproductive and sexual anatomy and physiology, pregnancy and birth, homosexuality, pregnancy alternatives and venereal disease.

Carrera, M. Sex: The Facts, the Acts and Your Feelings. New York: Crown Publishers, Inc., 1981, $19.95.

This book is simply written, yet thorough and sensitive. Emphasizes the influence of religion and culture on sexual attitudes and behavior. Deals with issues related to age, myths, relationships and feelings. Attractive illustrations of young white men and women. Especially clear drawings of male and female genitalia.

Carney, C. and S.L. McMahon (Eds.). Exploring Contemporary Male/Female Roles: A Facilitator's Guide. La Jolla, CA: University Associates, Inc., 1977, 296 pp., $14.50.

A book of readings, structured experiences, and questionnaires that encourage the examination of the male/females roles in U.S. society.

Communication Research Associates. Communicate! A Workbook for Professional Interpersonal Communication. Dubuque, IA: Kendall/Hunt Publishing Co., 1978, 253 pp., $13.50.

A manual for teachers containing strategies for facilitating effective communication skills. To obtain the book contact University Associates.

DeLora, J., and C. Warren. Understanding Sexual Interaction. Boston, MA: Houghton Mifflin Co., 1981, 642 pp., $16.95.

An extremely comprehensive and objective overview of human sexuality. The inclusion of anecdotal material adds to the readability of the text.

Dinkmeyer, D. and G.D. McKay. Systematic Training for Effective Parenting: Parent's Handbook. Circle Pines, MN: American Guidance Service, Inc., 1976, 117 pp.

Developed as a manual for parents who are participating in a STEP program (Systematic Training for Effective Parenting), this book suggests a framework based on the work of Rudolf Dreikurs for viewing children's behavior and misbehavior. Supports democratic principles in raising children, allowing them to learn from the consequences of their behavior; building the child's confidence through encouragement; using the communication skills of reflective listening and "I-Messages."

Ferster, C.B. and M.C. Perrott. Behavior Principles. NY: Meredith Corporation, 1968, 542 pp.

Textbook on behavior theory. Explains principles of positive, negative, and vicarious reinforcement, punishment, modeling, and extinction.

Freud, S. The Sexual Enlightenment of Children. New York: Macmillan Publishing Co., Inc., 1963, $1.95.

Begins with general discussion of childhood sexuality, then presents and discusses the controversial case of "Hans' phobia." Freud points out that the negative effects of denying children sexual information.

Gordon, T. Parent Effectiveness Training. NY: David McKay Co., Inc., 1970, 334 pp., $11.95.

This how-to-parent manual describes a theory of raising children based on respect for their need to be free and separate individuals. Gordon explains and gives examples of how to listen, how to talk so children will listen, how to resolve conflicts in the relationship, and how to avoid "being fired" as a parent (alternatives to using power). P.E.T. is well-known for its communication skills: "I-Messages," reflective listening, determining who owns a problem, and the no-lose method of problem solving.

Hanson, S.B. and N. Nass. Sexuality Education for Parents: A Training Manual for Facilitators. Jefferson, WI: Planned Parenthood Association, 1979, $8.50.

This comprehensive guide provides a 4-session curriculum for a parent sex education program which covers basic knowledge, parent's feelings and communication skills. Provides information about all steps of organizing and implementing a program.

Johnson, D. and F. Johnson. Joining Together: Group Theory and Group Skills. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1975, 480 pp., $11.95.

A textbook for teachers that provides the theory and experiences necessary to develop an understanding of group dynamics and effective group skills.

Johnson, E.W. Love and Sex in Plain Language. New York: Bantam Books, Inc., 1974, $1.95.

Discusses reproduction, heredity, fetal development, birth, sex differences, sexual intercourse, birth control, venereal disease, dating and love in language that is easily understaood by most teenagers. Many sex educators recommend this book.

Katchadourian, H. and D. Lunde. Fundamentals of Human Sexuality. New York: Holt, Rinehart and Winston, 1980, 534 pp., $15.95.

A college-level text that provides an overview of human sexuality for use by teachers. It includes a good section on the biological aspects of human sexuality.

Kelly, G.F. Learning About Sex - The Contemporary Guide for Young Adults. New York: Barron's Educational Series, Inc., 1976, $3.95.

Discusses many important issues related to human sexuality including communicating about sex, marriage, and growing as a sexual person. Although the author indicates that his target audience is teenagers, the content seems extremely complex (the penis is described as "three cylindrical areas of spongy tissue") and often too abstract for the average teenager to read and comprehend easily. Intended for young adults but may be used with high school students with high reading levels. Includes exercises that can be carried out by the reader alone or in small groups in or out of the classroom. Many of these exercises, especially those related to communication and relationships, have been successfully carried out in education programs with adolescents.

Kohlberg, L. Stages in the Development of of Moral Thought and Action. New York: Holt, Reinhart & Winston, 1969.

This book presents Kohlberg's original theories regarding the progressive stages of moral development [illegible]man beings.

Lewis, H.R. and M.E. Lewis. The Parent's Guide to Teenage Sex and Pregnancy. NY: St. Martin's Press, Inc., 1980, $15.95.

Describes what researchers are learning about adolescent sexual behavior. Discusses issues related to adolescent sexual activity, prevention of adolescent sexual problems, and ways to resolve problems that might occur.

Mattox, Beverly. Getting It Together: Dilemmas for the Classroom. La Mesa, CA: Pennant Press, 1975, 174 pp., $5.55.

A guidebook that provides educators with simple activities that encourage students of all ages to improve their skills in moral decisionmaking.

McCary, J.L. Human Sexuality. NY: Van Nostrand Rheinhold Co., third edition, 1978.

Morrison, Eleanor S. and Mila U. Price. Values In Sexuality: A New Approach To Sex Education. New York: Hart Publishing Company, 1974, 219 pp., $5.95.

A manual of value clarification strategies for human sexuality education.

Piaget, J. The Child's Conception of the World. Totowa, NJ: Littlefield Adams and Co., 1975.

Ross, S. The Youth Values Project. Washington, DC: The Population Institute (c/o Susan Ross, RFD 3 Box 54, Putney, VT 05346), 1978, $1.50.

Teenagers themselves designed and conducted a questionnaire survey of one thousand 13-19 year olds to explore why sexually active teenagers in New York City do not use birth control.

Sargent, A.G. Beyond Sex Roles. St. Paul, MN: West Publishing, 1979, 507 pp., $13.50.

A book of readings and structured experiences that focus on sex role stereotyping.

Teenage Pregnancy: The Problem That Hasn't Gone Away. New York: Alan Guttmacher Institute, 1981, $5.00.

Presents demographic information about adolescent sexual activity, pregnancy, abortion and birth rates, and consequences of teenage childbearing. Describes sex education programs and other reproductive health services.

U.S. Department of Health, Education and Welfare. A Decision-Making Approach to Sex Education: A Curriculum Guide and Implementation Manual for a Model Program with Adolescents and Parents. Washington, DC: National Clearinghouse for Family Planning Information, P.O. Box 2225, Rockville, MD 20852, 1979, 296 pp., free.

A manual that includes guidelines for getting a program started (e.g., building community support), facts about adolescent sexuality, general tips for group leadership, detailed models for a ten-session adolescent sex education program and parent sex education program, and a model of staff training.

Zelnick, M. and J.F. Kantner. Sexual Activity, Contraceptive Use and Pregnancy Among Metropolitan-Area Teenagers: 1971-1979. Family Planning Perspectives, Vol. 12, No. 5, September/October 1980, pp. 230-237.

A summary of the John Hopkins' reserach findings regarding the sexual and contraceptive behavior of adolescents in metropolitan areas around the United States.

Professional Training Resources

American Association of
Sex Educators, Counselors
and Therapists
600 Maryland Avenue, SW
Washington, D.C. 20024
202-638-0103

American Institute of Sexology
Formerly Fleming Institute
103 Enterprise Street, #208
Raleigh, North Carolina 27607

Communication Center #1
214 S. Meramec Avenue
St. Louis, Missouri 63105
314-863-7267

ETR
1700 Mission
Suites 203-204
Santa Cruz, California 95060
408-429-9823

Family Planning Training Institute
Planned Parenthood of Maryland
610 N. Howard Avenue
Baltimore, Maryland 21201
301-752-0131

Human Sexuality Program
New York University
51 West 4th Street
New York, New York 10003

Institute for Family Research
and Education
760 Ostrom Avenue
Syracuse, New York 13210
315-423-4584

International Council of
Sex Education and Parenthood
5010 Wisconsin Avenue, NW
Suite 304
Washington, D.C. 20016
202-686-2523

National Sex Forum
1523 Franklin Street
San Francisco, California 94139
415-938-1133

National Training Laboratories
1501 Wilson Boulevard
Arlington, Virginia 22209
703-527-1500

Planned Parenthood Federation of America
810 Seventh Avenue
New York, New York 10019
212-541-7800

Regional Training Center
for Family Planning
100 Edgewood Avenue, NE
Suite 802
Atlanta, Georgia 30303
404-523-1996

Regional V Training Project
Indiana Family Health Council
21 Beachway Drive, Suite B
Indianapolis, Indiana 46224
317-247-9158

Sagamore Conference Center
11 Spring Street
Saratoga, New York 12866
518-587-8770

Sex Education Coalition
Friendship Station
P.O. Box 39133
Washington, D.C. 20016
202-547-2444

Sex Information and Education
Council of the United States
(publishes a list of training
programs throughout the U.S.)
84 Fifth Avenue
New York, New York 10011
212-929-2300

Training 3
2 Penn Center Plaza
Suite 616
Philadelphia, Pennsylvania 19102
215-563-7705

University Associates
8517 Production Avenue
P.O. Box 26240
San Diego, California 92126
800-854-2143

Appendix C

ORDERING INFORMATION

Audiovisual Distributors

Agency for Instructional Television
Box A
Bloomington, Indiana 47401
812-339-2203

Barr Films
P. O. Box 5667
Pasadena, California 91107
213-793-6153

Cambridge Documentary Films
P. O. Box 385
Cambridge, Massachusetts 02139
617-354-3677

Centron Films
1621 West 9th, Box 687
Lawrence, Kansas 66044
913-843-0400

Churchill Films
662 N. Robertson Boulevard
Los Angeles, California 90060
213-657-5110

McGraw-Hill Films
110 Fifteenth Street
Del Mar, California 92014
714-453-5000

Media Fair, Inc.
380 Maple Avenue, West
Vienna, Virginia 22180
703-281-2223

Arthur Mokin Productions, Inc.
1600 West 60th Street
New York, New York 10023
212-757-4868

National Foundation/March of Dimes
1275 Mamaroneck Avenue
White Plains, New York 10605
914-428-7100

New Day Films
P. O. Box 315
Franklin Lakes, New Jersey 07417
201-891-8240

Perennial Education, Inc.
477 Roger Williams
P. O. Box 855, Ravinia
Highland Park, Illinois 60035
800-323-9084

Planned Parenthood Center
of Memphis
1407 Union Avenue
Memphis, Tennessee 38104

Planned Parenthood
of East Central Georgia
1247 - 15th Street
Augusta, Georgia 30901

Pyramid Films
P.O. Box 1048
Santa Monica, California 90406
800-421-2304

Shared Futures Films
P.O. Box 1235
New York, New York 10023

Texture Films, Inc.
1600 Broadway
New York, New York 10019
212-586-6960

Third Eye World
12 Arrow Street
Cambridge, Massachusetts 02138

Publishers

American Guidance Service, Inc.
Circle Pines, Minnesota 55014

Bantam Books
414 E. Golf Road
Des Plaines, Illinois 60016

Barron's Educational Series, Inc.
113 Crossways Park Drive
Woodbury, New York 11797
516-921-8750

Broadman Press
127 Ninth Avenue, North
Nashville, Tennessee 37234
615-251-2544

Crown Publishers, Inc.
1 Park Avenue
New York, New York 10016
212-933-9292

Dell Publishing Co.
1 Dag Hammarskjold Plaza
245 E. 47th Street
New York, New York 10017
212-821-7300

Alan Guttmacher Institute
360 Park Avenue, South
New York, New York 10010

Hart Publishing Co., Inc.
15 W. Fourth Street
New York, New York 10012
212-260-2430

Holt, Rinehart, and Winston
383 Madison Avenue
New York, New York 10017
212-688-9100

Houghton Mifflin Co.
2 Park Street
Boston, Massachusetts 02107

Kendall/Hunt Publishing Company
2460 Kerper Blvd.
Dubuque, Iowa 52001
319-588-1451

Little, Brown and Company
34 Beacon Street
Boston, Massachusetts 02106

Littlefield, Adams and Company
81 Adams Drive, Box 327
Totowa, New Jersey 07511
201-256-8600

MacMillan Publishing Co., Inc.
Front and Brown Streets
Riverside, New Jersey 08370

Mathtech, Inc.
4630 Montgomery Avenue
Suite 300
Bethesda, Maryland 20814
301-657-1610

David McKay Co., Inc.
2 Park Avenue
New York, New York 10016
212-340-9800

Meredith Corporation
1716 Locust
Des Moines, Iowa 50336

National Clearinghouse on Family
Planning Information
Post Office Box 2225
Rockville, Maryland 20852
301-881-9400

National Technical Information Service (NTIS)
U.S. Department of Commerce
5285 Port Royal Road
Springfield, Virginia 22161

Pennant Press
8265 Commercial Street, No. 14
La Mesa, California 92041
714-464-7811

Planned Parenthood of Santa Cruz County
212 Laurel Street
Santa Cruz, California 95060
408-425-1551

Planned Parenthood of Wisconsin
Dodge Jefferson Chapter
159 West Garland Street
Jefferson, Wisconsin 53549
414-674-2233

Prentice-Hall, Inc.
Englewood Cliffs, New Jersey 07632
201-592-2000
OFFICES: Box 500
Englewood, New Jersey 07632

St. Martin's Press, Inc.
175 Fifth Avenue
New York, New York 10010
212-674-5151

University Associates
8517 Production Avenue
San Diego, California 92121
714-578-5900

Van Nostrand Reinhold Co.
A Division of Litton Educational
Publishers, Inc.
LEPI Order Processing
7625 Empire Drive
Florence, Kentucky 41042

West Publishing
W. Kellogg Boulevard
Post Office Box 3526
St. Paul, Minnesota 55165
612-228-2500

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